

Name:					Ethnicity	Black	Hispanic	
THAT APPLIES TO YOU  If so where and when?  If so where and when?  If so where and when?  If so where you had any examination within the past 7 days where you injected or ingested a contrast material?  i.e. Barium contrast Study, Cat Scan, MRI  Oyes 3. Have you had a previous hip or vertebral fracture?  In yes 4. Have you ever had a fracture after age 40?  What bone was broken?  Oyes 5. Did either of your parents ever have a hip fracture?  Oyes 7. Have you ever taken Glucocorticoids or prednisolone of 5mg daily?  Oyes 7. Have you ever taken Glucocorticoids or prednisolone of 5mg daily?  Oyes 8. Do you have a confirmed diagnosis of Rheumatoid Arthritis by a physician?  Oyes 9. Do you have one of the following disorders associated with secondary osteoporosis?  Type 1 diabetes hypogonadism osteogenesis imperfecta premature menopayse (<45) untreated hyperthyroidism chronic liver disease Chronic malnutrition or malabsorption or yes 10. Do you drink 3 or more glasses of alcohol a day?  Oyes 12. Do you drink 3 or more glasses of alcohol a day?  Oyes 12. Do you drink affeinated beverates?  If FEMALE:  Oyes 15. Is there any chance you might be pregnant?  date of your last menstrual period?  If yes, at what age?  If yes, at what age?  If yes 17. Have you had previous HYSTERECTOMY?			Name:			White	Asian	
If so where and when?  If so where and whistory of osteopensis where you belief the and so where you might be pregnant?  If so where and when?  If so where please specify:  If so so you have a confirmed diagnosis of Rheumatoid  If so your last menstrual period?  If so where please specify:  If so so you have a confirmed diagnosis of Rheumatoid  If so your last menstrua			DOB:					
where you injected or ingested a contrast material? i.e. Barium contrast Study, Cat Scan, MRI  no yes 3. Have you had a previous hip or vertebral fracture? no yes 4. Have you ever had a fracture after age 40? What bone was broken?  no yes 5. Did either of your parents ever have a hip fracture? no yes 6. Do you smoke?  no yes 7. Have you ever taken Glucocorticoids or prednisolone of 5mg daily?  no yes 8. Do you have a confirmed diagnosis of Rheumatoid Arthritis by a physician?  no yes 9. Do you have one of the following disorders associated with secondary osteoporosis? Type 1 diabetes hypogonadism osteogenesis imperfecta premature menopayse (<45) untreated hyperthyroidism chronic liver disease Chronic malnutrition or malabsorption no yes 10. Do you drink 3 or more glasses of alcohol a day? no yes 11. Do you perform weight bearing exercise regularly? no yes 12. Do you drink caffeinated beverates?  IF FEMALE: no yes 15. Is there any chance you might be pregnant? date of your last menstrual period? no yes 17. Have you had previous HYSTERECTOMY?	no	yes		amination before?	I have	I have a history of osteoporosis		
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**BONE DENSITOMETRY QUESTIONNAIRE** 

comparison

not available

outside

available

Baseline

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