

OSTEOPOROSIS DATABASE QUESTIONNAIRE

Your Name: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Your Home Phone: _____ Your Work Phone: _____

Your Doctors Name: _____

At your tallest, what was your height in feet and inches? _____

If you are still menstruating, what was the date of your last period? _____

If you passed menopause, estimate the year you last had a menstrual period? _____

How many children have you given birth to? _____

Below, please list all medications (prescription and over-the-counter), vitamins and mineral supplements, natural herbs or drugs, and homeopathic therapies you are currently taking

Medication Name	Dose	Number taken daily
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PATIENT'S MEDICAL HISTORY

From the list below, please circle the number by any condition that applies to you now or in the past.

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|-----|-------------------------------|-----|--|
| 10 | I am female | 290 | I am Hispanic |
| 275 | I am male | 105 | I am of Northern European ancestry |
| 90 | I am Caucasian (white) | 65 | I have a family history of osteoporosis |
| 285 | I am African-American (black) | 85 | I have used tobacco regularly now or in the past |
| 95 | I am Asian (oriental) | 120 | I have lost over a inch in height |

-OVER-

MEDICAL HISTORY

- | | |
|---|---|
| 245 I have a history of kidney stone | 325 I have had a vertebral compression fracture |
| 70 I have a history of an over-active thyroid gland | 320 I have had a wrist fracture |
| 395 I have a history of phlebitis | 330 I have had a hip fracture |
| 400 I have a history of pulmonary embolism | 335 I have had a rib fracture |
| 430 I have a history of an under-active thyroid gland | 340 I have had a pelvic fracture |
| 240 I have a history of high blood calcium level | 350 I have had a fracture not listed above |
| 75 I have a history of hyperparathyroidism | 435 I have Dowager's hump of the spine |
| 420 I have a history of osteoporosis | 425 I have back pain |
| 155 I have a history of anorexia nervosa or bulimia | 325 I have had a spine fracture |
| 45 I have a history of alcoholism | 40 I have a history of multiple myeloma |
| 50 I have rheumatoid arthritis | |

FEMALE REPRODUCTIVE SYSTEM HISTORY:

- | | |
|--|--|
| 15 I had premature menopause | 360 I have uterine fibroids |
| 415 I had a hysterectomy
(surgical removal of the uterus) | 20 I have passed menopause |
| 390 I have a history of cervical or uterine cancer | 25 My period stopped and then returned |
| 361 I have a history of fibrocystic breast disease | 160 I lost periods due to heavy exercise routine |
| 363 I have a history of breast cancer | 165 I had both ovaries removed surgically |
| 25 I have a history of amenorrhea | 35 I have a history of irregular menstrual periods |

MEDICATION HISTORY:

- | | |
|--|--|
| 60 I have used cortisone-like drugs | 170 I have used thyroid hormone pills |
| 200 I have used phenobarbital or phenytoin
(Dilantin) | 180 I have a history of treatment for cancer
chemotherapy |
| 220 I use Mylanta or Maalox often | |

DIET AND EXERCISE HISTORY:

- | | |
|--|--|
| 225 I usually eat meat twice daily | 305 I exercise 3 or more times weekly |
| 235 I follow a vegetarian diet | 110 I do not exercise regularly |
| 80 I use 2 or more alcoholic drinks | 210 I use 2 or more soft drinks daily |
| 310 I regularly include dairy in my diet | 215 I use of 2 or more cups of coffee or tea daily |
| 195 I avoid mild and other dairy foods | |