

Providence Breast Health Center
6600 Fish Pond Road, Suite 104
Waco, Texas 76710
(254)235-3535

YES NO

Osteoporosis Risk Questionnaire

Use this test to evaluate your osteoporosis risk level. The risk factors listed below have been identified as contributors to the onset of osteoporosis. The more times you answer "yes", the greater your risk for potential osteoporosis.

DATE AND LOCATION OF LAST BONE DENSITY SCAN:

	YES	NO
Are you female?	_____	_____
Have you been taking steroids or thyroid medication?	_____	_____
Are you Caucasian or Asian?	_____	_____
Have you been taking anti-seizure medication?	_____	_____
Do you have a small-boned frame?	_____	_____
Are you more than 15% underweight?	_____	_____
Have you been on chemotherapy?	_____	_____
Are you postmenopausal or have your ovaries been removed?	_____	_____
Did your menopause occur before age 46 or were your ovaries removed before age 46?	_____	_____
Have you had any thyroid disorders?	_____	_____
Do you have kidney disease?	_____	_____
Do you have Rheumatoid Arthritis?	_____	_____
Do you smoke cigarettes (at least a half a pack a day)?	_____	_____
Have you had part of your stomach or small intestine removed?	_____	_____

Do you drink alcoholic beverages? _____
 (at least 2 per day)? _____

Do you or a family member have a history of osteoporosis or have you or your relatives suffered a broken hip, shoulder or wrist under low stress after age 45? _____

Have you or your relatives lost height as you have grown older? _____

Do you avoid milk and other dairy products? _____

Do you consume more than 3 cups of coffee per day or an equivalent amount of caffeine from other sources such a cola-type beverages? _____

Are you physically inactive? _____

YOUR NAME _____

DATE _____

