

**OSTEOPOROSIS QUESTIONNAIRE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ CHART # \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ TO READ: \_\_\_\_\_

PREVIOUS BONE DENSITY AT DALLAS DIAGNOSTIC? YES: \_\_\_\_\_ No: \_\_\_\_\_

MENOPAUSAL? YES \_\_\_ NO \_\_\_ HOW LONG? \_\_\_\_\_

HYSTERECTOMY? YES \_\_\_ NO \_\_\_ WHEN? \_\_\_\_\_

WERE OVARIES ALSO TAKEN? YES \_\_\_ NO \_\_\_

HAVE YOU TAKEN ESTROGEN PILLS OR PATCHES? (HORMONE THERAPY) YES \_\_\_ NO \_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

FAMILY HISTORY OF OSTEOPOROSIS? YES \_\_\_ NO \_\_\_ RELATIONSHIP? \_\_\_\_\_

ARTHRITIS OF SPINE OR HIP? YES \_\_\_ NO \_\_\_ WHICH ONE? \_\_\_\_\_

PERSONAL HISTORY OF FRACTURES? YES \_\_\_ NO \_\_\_ WHICH BONE(S) AND WHEN? \_\_\_\_\_  
\_\_\_\_\_

EXERCISE MORE THAN ONCE A WEEK? YES \_\_\_ NO \_\_\_ HOW OFTEN? \_\_\_\_\_  
TYPE \_\_\_\_\_

TAKE DAILY MULTIVITAMIN OR VITAMIN D SUPPLEMENT? YES \_\_\_ NO \_\_\_ FOR HOW LONG? \_\_\_\_\_

TAKE CALCIUM SUPPLEMENT? YES \_\_\_ NO \_\_\_ HOW MUCH? \_\_\_\_\_  
FOR HOW LONG? \_\_\_\_\_

OTHER MEDICATION TO TREAT OSTEOPOROSIS? YES \_\_\_ NO \_\_\_ WHICH ONE? \_\_\_\_\_  
FOR HOW LONG? \_\_\_\_\_

DOES YOUR DIET INCLUDE?  
MILK? YES \_\_\_ NO \_\_\_ AMOUNT? \_\_\_\_\_  
YOGURT? YES \_\_\_ NO \_\_\_ AMOUNT? \_\_\_\_\_  
CHEESE? YES \_\_\_ NO \_\_\_ AMOUNT? \_\_\_\_\_  
ICE CREAM? YES \_\_\_ NO \_\_\_ AMOUNT? \_\_\_\_\_

**IF YOU ARE NOT A PATIENT AT DALLAS DIAGNOSTIC ASSOCIATION PLEASE INDICATE THE MEDICATIONS YOU ARE TAKING?**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_