DIAGNOSTIC RADIOLOGISTS
PR NO 038 00 008400

medical imaging

PO Box 9471
Eros, Windhoek
Namibia
E-mail: x-ray1@mi.com.na

BONE DENSITY PATIENT QUESTIONNAIRE

Name: _____ Date of birth: _____ Sex: M ☐ F ☐

Patient weight: _____ Patient height: _____

Menopause Age: _____ Referring Physician: _____

Please tic the correct option		***YES***	***NO***
1	Have you had a previous hip or vertebral fracture?	☐	☐
2	Have you had any fractures during your adult life which did not result from significant trauma(eg auto accident)	☐	☐
4	Do you have rheumatoid arthritis?	☐	☐
5	Are you being treated for osteoporosis?	☐	☐
6	Do you have secondary osteoporosis?	☐	☐
7	Do you drink three (3) or more alcoholic drinks per day?	☐	☐
8	Do you smoke?	☐	☐
9	Do you perform weight bearing exercises regularly?	☐	☐
10	Do you regularly consume dairy products?	☐	☐
11	Do you drink caffeinated beverages?	☐	☐
12	Have you ever taken Glucocorticoids?	☐	☐
13	What was your maximum height? _____		

14 Have you ever taken any of the following medications? (tick relevant boxes)

☐	Actonel (ie risedronate)	☐	Boniva (ie ibandronate)
☐	Evista (ie raloxifene)	☐	Forteo (ie parathyroid hormone)
☐	Fosamax (ie alendronate)	☐	HRT (ie estrogen/hormone therapy)
☐	Miacalcin (ie calcitonin)	☐	Protelos (ie strontium ranelate)
☐	Reclast (ie zoledronate)	☐	Prolia (ie denosumab)
☐	Vitamin D	☐	Calcium
☐	Other (specify): _____		

15 Do you have any of the following conditions: (tick relevant boxes)

☐	Anorexia or Bulimia	☐	Any seizure disorders
☐	Asthma or Emphysema	☐	Cancer
☐	End stage renal disease	☐	Inflammatory bowel diseases
☐	Hyperparathyroidism	☐	Other (specify): _____

FEMALES ONLY		***YES***	***NO***
16	How many full term pregnancies have you had? _____		
17	At what age did your period start? _____		
18	Have you ever missed your period for more than six (6) months in a row? (not including pregnancy or menopause)	☐	☐
19	Are you premenopausal?	☐	☐
20	Have you had a hysterectomy?	☐	☐

Signature of patient: _____ Date: _____

Signature of Radiographer:_____