

OSTEOPOROSIS RISK ASSESSMENT QUESTIONNAIRE

Name:

We have developed this questionnaire to help us identify patients who may be at risk of developing osteoporosis. Osteoporosis is a condition of the bones being too thin and too weak. After about the age of 45, our bones become less dense and less strong. If you have osteoporosis your bones are more likely to break with injury, say after a fall. It is possible to prevent or slow down bone loss and, if you have osteoporosis, therapy can help to restore bone. Thus the benefit of knowing whether you are at risk of developing osteoporosis is clear and we are asking therefore if you would complete this questionnaire. One of the clinicians at the practice will review your answers and if they indicate you are at risk we will invite you to come to the surgery to discuss it.

What you cannot change – your family history

1. Have either of your parents or siblings (brothers or sisters) been diagnosed with osteoporosis or broken a bone after a minor fall (a fall from standing height or less)? Yes No
2. Did either of your parents have a "dowager's hump"? Yes No
3. What is your ethnic origin?

Your personal clinical factors

These are fixed risk factors that one is born with or cannot alter. But that is not to say that they should be ignored. It is important to be aware of fixed risks so that steps can be taken to reduce loss of bone mineral.

4. What is your age?
5. Have you ever broken a bone after a minor fall as an adult? Yes No
If you have had a recent broken bone briefly describe how you broke it.
.....
6. Do you fall frequently (more than once in the last year) or do you have a fear of falling because you are frail? Yes No
7. After the age of 50, have you lost more than 3 cm in height (just over 1 inch)? Yes No
8. What is your height and weight ?
9. Have you ever taken corticosteroid tablets (Cortisone, Prednisolone, etc) for more than 3 consecutive months (corticosteroids are often prescribed for conditions like asthma, rheumatoid arthritis, and some inflammatory diseases)? Yes No
10. Do you have coeliac disease? Yes No
11. Have you ever been diagnosed with rheumatoid arthritis? Yes No
12. Have you been diagnosed with an over-reactive thyroid or over-reactive parathyroid glands? Yes No

OSTEOPOROSIS RISK ASSESSMENT QUESTIONNAIRE

p2

For Women

- 13. What age did your periods start?
- 14. Have you had any children? Yes No
- 15. For women over 45: Did your menopause occur before the age of 45? Yes No
- 16. Have your periods ever stopped for 12 consecutive months or more (other than because of pregnancy, menopause or hysterectomy)? Yes No
- 17. Were your ovaries removed before age 50, without you taking Hormone Replacement Therapy? Yes No

For Men

- 18. Have you ever suffered from impotence, lack of libido or other symptoms related to low testosterone levels? Yes No
- 19. Do you smoke? Yes No
- 20. How much alcohol do you drink?