



Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Are You at Risk for Osteoporosis?

- 1) Have you broken a bone? Yes\_\_\_ No\_\_\_
- 2) Did one of your parents break a hip? Yes\_\_\_ No\_\_\_
- 3) Do you smoke one or more cigarettes a day? Yes\_\_\_ No\_\_\_
- 4) Have you ever been on Prednisone? Yes\_\_\_ No\_\_\_  
If yes, please indicate dosage:  
\_\_\_ <2.5mg/day \_\_\_ 2.5-7.5mg/day \_\_\_ >7.5 mg/day  
Length of time on medication: \_\_\_ <3mo \_\_\_ > 3 Mo-2yrs \_\_\_ >2 yrs
- 5) Do you have an inflammatory disease such as:  
\_\_\_rheumatoid arthritis \_\_\_ lupus \_\_\_psoriatic arthritis  
\_\_\_ankylosing spondylitis \_\_\_Crohn's \_\_\_vasculitis \_\_\_other Yes\_\_\_ No\_\_\_
- 6) Have you lost more than 2 inches from your tallest height? Yes\_\_\_ No\_\_\_
- 7) Are you more stooped or bent over than you used to be? Yes\_\_\_ No\_\_\_
- 8) Do you weigh less than 130 pounds (60kg)? Yes\_\_\_ No\_\_\_
- 9) Have you fallen in the past year? Yes\_\_\_ No\_\_\_
- 10) Do you have more than 3 cups of coffee pre day? Yes\_\_\_ No\_\_\_
- 11) Do you have more than 2 drinks of alcohol per day? Yes\_\_\_ No\_\_\_
- 12) Do you have asthma, lung disease or diabetes? Yes\_\_\_ No\_\_\_

#### FOR WOMEN:

- Have you had breast cancer? Yes\_\_\_ No\_\_\_
- Did you reach Menopause before the age of 45? Yes\_\_\_ No\_\_\_

#### FOR MEN:

- Have you had prostate cancer? Yes\_\_\_ No\_\_\_

If you have answered yes to one or more of these questions, it is recommended that you be assessed for further fracture risk.

Do you wish to have an assessment with the osteoporosis clinic at Artus?

Yes\_\_\_ No\_\_\_