When a person is concerned about having osteopenia or osteoporosis, or is wondering if this is a cause of the problems being experienced, and is interested in knowing if this is an issue that needs to be addressed, it is important to routinely ask yourself questions that allow you to know specifically what is going on.

The Osteoporosis Questionnaire will help you identify if you are at risk of having osteopenia / osteoporosis or have osteoporosis. This questionnaire is based on your subjective symptoms. Please remember that this questionnaire only examines your risk of osteopenia / osteoporosis based on symptoms, it is not a replacement for a healthcare professional. By filling this questionnaire out, you can then address the concerns you may have more specifically with your healthcare professional, and be a tool for you at your next visit.

For the following questions, please answer each question in the Yes / No format, and if possible in some questions you may want to define a scale with a score of 10 to 0; grade 10- if you have a significant issue and 0- if you don't have the issue at all.

1. What is your age? Years: ___________
2. Are you Male or Female? ___________________
3. What is your ethnicity? ___________________
4. How tall are you? Feet/inches: ___________ or cm: _________
5. How much do you weigh? Pounds (lbs): ___________ or Kg: ___________
6. Do you consider yourself to be overweight? Yes   No (BMI: ________)* See below on how to calculate
7. Do you consider yourself to be under weight? Yes   No (BMI: ________)* See below on how to calculate
8. Do you avoid milk or dairy products without eating other calcium-rich foods? Yes   No
9. Do you take supplements? Yes No (Make sure to let your healthcare professional know about all the supplements you take – Bring them to your first visit)
10. Do you take supplemental vitamin D? Yes No How much or what dose? _______________
11. Do you have an active lifestyle? (Example: 30 minutes of activity 5 times per week - housework, gardening, walking, running etc.) Yes No
12. Do you miss out on sunlight through being housebound, avoiding the sun, always cover your skin or always wearing sun cream? Yes No
13. Are you prone to falling?
   a. No.
   b. I have fallen but I don’t think it will happen again.
   c. I have fallen and I worry about falling again.
   d. I have had a few falls.
14. Have you ever broken a bone in adult life? Yes No
15. Have you ever broken a bone that resulted from a low level of injury or falling from your own height? Yes No
16. Have you ever experienced a hip fracture? Yes No
17. Has either of your parents ever broken a hip? Yes No
18. Are you a current smoker? Yes No

19. Have you noticed that you are not as tall as you once were (you have lost roughly two or more inches in height)? Yes No

20. Have you ever taken steroids (example: prednisolone) by tablets for more than a few weeks? Yes No

21. Have you ever been told you have osteoporosis? Yes No

22. Have you ever been told you have Secondary osteoporosis? Yes No

23. Do you drink alcohol? Yes No

24. On average, do you drink 3 or more units each day? Yes No

25. Has anyone in your family ever had any of the following:
   a. Been diagnosed with osteoporosis? Yes No
   b. Had a hip fracture? Yes No
   c. Had a vertebral fracture? Yes No
   d. Has a noticeable ‘dowagers hump’ or curve in their spine? Yes No

26. Have you had any of the following medical conditions?
   a. Rheumatoid arthritis. Yes No
   b. Eating disorder causing severe weight loss. Yes No
   c. A condition which affects absorption of food such as Crohn’s or celiac disease. Yes No
   d. Gastric bypass, or any other weight loss surgery? If yes, Which one: __________________
   e. Long periods of immobility (from conditions causing disability such as stroke). Yes No
   f. Hyperthyroidism when levels of thyroid hormone are abnormally high. Yes No
   g. Parathyroid disease when levels of parathyroid hormone are abnormally high. Yes No
   h. Other conditions which may be linked to fragile bones such as diabetes, HIV (AIDS), organ transplant or respiratory disease. Yes No

27. For WOMEN: Have you had any of the following medical conditions?
   a. Early menopause (before 45). Yes No
   b. Hysterectomy with removal of ovaries (before 45). Yes No
   c. Excessive exercise which may have reduced hormone levels. Yes No

28. For MEN: Have you had any of the following medical conditions?
   a. Low levels of the sex hormone testosterone (following surgery for some cancers or treatment for prostate cancer). Yes No
   b. History of being diagnosed with a condition called Klinefelter’s syndrome. Yes No
   c. History of being diagnosed with a condition called Kallman’s syndrome. Yes No
   d. History of alcoholism. Yes No
   e. History of other substance / drug abuse. Yes No

29. Have you taken any of the following medications which are KNOWN to increase the risk of fragile bones?
   a. Corticosteroid tablets for over three months. Yes No
   b. Anti-epileptic drugs. Yes No
   c. Breast cancer treatments (such as aromatase inhibitors). Yes No
   d. Prostate cancer drugs that reduce hormone levels. Yes No

30. Have you taken any of the following medications which are SUSPECTED of increasing the risk of fragile bones (although more research is needed)?
   a. Diabetic drugs in the glitazone group (including rosiglitazone and pioglitazone). Yes No
   b. Drugs to reduce acid of the stomach and esophagus called proton pump inhibitors (PPIs) (including Nexium). Yes No
   c. Injectable progestogen contraceptives – medroxyprogesterone acetate -known as Depo Provera. Yes No
   d. Intrauterine device covered in hormone -levonorgestrel-releasing intrauterine system – know as MIRENA. Yes No
Some guidance about the risk factors:

- PREVIOUS FRACTURE: A previous fracture denotes more accurately a previous fracture in adult life occurring spontaneously, or a fracture arising from trauma which, in a healthy individual, would not have resulted in a fracture. The risk is higher if you have had more than one low trauma fracture.

- SMOKING: Enter yes if you currently smoke tobacco, but enter no if you are an ex-smoker. The more you smoke, the higher the risk but this is not taken into account in the calculation.

- GLUCOCORTICOIDS/STEROIDS: Enter yes if you have received oral glucocorticoids for more than 3 months at a dose of prednisolone of 5mg daily or more (or equivalent doses of other glucocorticoids). The risk is higher at larger doses and if taken during prolonged periods of time, but this is not taken into account in the calculation.

- RHEUMATOID ARTHRITIS: There are many types of arthritis and the most common, osteoarthritis, if anything, associated with a lower risk of broken bones. If unclear about your diagnosis, please discuss this with your doctor.

- SECONDARY OSTEOPOROSIS: A number of conditions are associated with bone loss and increased fracture risk. These include: an early menopause (before the age of 45) or prolonged absence of your periods (other than pregnancy); longstanding poor mobility (e.g., following a stroke, Parkinson’s disease, or spinal injury); Crohn’s disease or ulcerative colitis; insulin-dependent diabetes and a history of an overactive thyroid gland. This list is not exhaustive. If concerned about other conditions, please ask your doctor.

- ALCOHOL: 3 or more units/day is associated with increased fracture risk. A unit of alcohol varies slightly in different countries from 8-10g of alcohol. This is equivalent to a standard glass of beer (285ml), a single measure of spirits (30ml), a medium-sized glass of wine (120ml), or 1 measure of an aperitif (60ml)

What should I do with the results?

- If concerned about your level of risk, please discuss the results with a doctor or other health professional. They may decide that you need a bone density test (a simple x-ray test) to further examine your risk of fracture.

- Following the bone density test, they will then recalculate your fracture risk using the FRAX tool. You can record the new results in the boxes below:
  - My chance of a MAJOR OSTEOPOROTIC FRACTURE in the next 10 years is % ____________________________
  - My chance of a HIP FRACTURE in the next 10 years is % ____________________________

Calculating your own BMI is very easy if you know your height and weight:

- Measure your height in meters (h) and multiply the figure by itself (square).
- Measure your weight (w) in kilograms
- Divide your weight by your height squared
- FORMULA: BMI = w/(h x h)
- Example: You are 1.6m tall and weigh 60 kg:
  - Your height is 1.6m so multiply 1.6 x 1.6 = 2.56
  - Your weight is 60 kg
  - Your body mass index would be 23.4

NOTES FOR THE DOCTOR: