

The Osteoporosis Center

of North Jersey

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Teaneck, NJ 07666

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Is there any chance you
may be pregnant?

Yes No

Today's Date: _____

Date of Birth: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Referring Doctor's Name/Address: _____

FRAX[®] Questionnaire

Age	What is your age? (between 40 and 90).	_____
Sex	Are you male or female?	Male <input type="checkbox"/> Female <input type="checkbox"/>
Weight	What is your weight and height?	_____ lbs.=_____ kgs.
Height	This will be done by the bone density technician.	_____ inches=_____ cm.
Previous fracture	In you adult life, did you ever break a bone either <ul style="list-style-type: none"> • Spontaneously? • Arising from trauma which, in a healthy individual, would not have resulted in a fracture? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent fractured hip	Did your mother or father ever break their hip?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current smoking	Do you currently smoke tobacco? If you ever did, how many years (approx.)? How many packs per day (average)?	Yes <input type="checkbox"/> No <input type="checkbox"/> # of years _____ # of packs _____
Steroid use	Were you exposed to oral steroids (prednisone or Medrol etc.) for more than 3 months at a dose of 5mg daily or more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rheumatoid arthritis	Did you doctor ever confirm you were diagnosed with rheumatoid arthritis (not rheumatism or osteoarthritis)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Secondary osteoporosis	Do you have (any one – circle): <ul style="list-style-type: none"> • Type I (insulin dependent) diabetes? • Osteogenesis imperfecta in adults? • Untreated long-standing hyperthyroidism? • Hypogonadism or premature menopause (<45 years)? • Chronic malnutrition or Malabsorption? • Chronic liver disease? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol 3 or more units/day	Do you drink more then 3 or more units of alcohol daily? One unit is either: <ul style="list-style-type: none"> • One glass of beer (285ml) • A shot of liquor • A medium-sized glass of wine (120ml) 	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. Have you had a bone density study before? _____ When? _____
Where? _____
2. Have you had previous back or hip surgery? _____
3. **Family history** of osteoporosis or parent/sibling having a hip or spinal fracture? _____
Who fractured and what was fractured? _____
4. Have you had a previous fracture as an adult? (circle) spine _____ hip _____ wrist _____ rib _____
other _____ How did it happen? _____
5. What was your maximum **HEIGHT** at age 25 – 35? _____
6. Are you (circle): Caucasian, Asian, Hispanic, African American, Other?

Other Risk Factors:

7. Do you stay indoors most of the time/have limited sun exposure? _____ Yes No
8. Do you exercise regularly? Yes No
a. If yes, what type and how often? _____
9. How many dairy servings do you consume daily? (1 serving = 8oz Milk, Yogurt etc.): _____
10. Do you take calcium supplements? Yes No If yes, Brand Name: _____ mg: _____
How often? _____ For how long have you been taking this? _____
Does your supplement/vitamin have vitamin D? _____ How many IU total per day? _____
11. **Do you have a history of:** Parathyroid disease? _____ Seizures _____ Anorexi/Bulemia _____
Cancer _____ If breast, are you taking (circle): Arimidex, Aromasin, Femara, Tamoxifen Years: _____
12. **Medications: (circle/years taken)** Anticonvulsants _____ Coumadin _____ **Estrogen** _____
Osteoporosis medication (circle and years taken): Fosamax _____ Actonel _____
Boniva _____ **Evista** _____ **Forteo** _____ **Reclast** _____ **Miacalcin nasal spray** _____
12. Do you have frequent falls or unsteadiness? _____

FOR WOMEN ONLY:

17. What was your age at **menopause** (when your menstrual cycle **ENDED**) _____ or N/A
18. Have your ovaries been surgically removed? _____ If so, at what age? _____
19. When you were premenopausal (before your menstrual cycles stopped), did you ever have a time for more then 3 months that you had no menstrual bleeding (when not pregnant) Yes No

FOR MEN ONLY:

20. History of impotence? _____ 21. History of infertility? _____
22. Prostate cancer with Lupron injections _____ Yes No

Thank you for your cooperation. Your answers will assist your physician in assessing your risk of developing osteoporosis and in determining which treatment may best fit your needs.