

## FRAX and other Risk Factor Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_  
Age \_\_\_\_\_ Male/Female? \_\_\_\_\_

1. Do you have hyperparathyroidism (different from hypothyroidism/Synthroid/Levothyroxine) or a high Calcium level in your blood? YES NO
2. Have you ever had surgery of the thoracic or lumbar spine, hips, wrist? YES NO
3. Have you had a previous hip or vertebral/spine compression or wrist fracture? YES NO
4. Have you had any fractures during your adult life that did not result from significant trauma? YES NO
5. Did either of your parents ever have a hip fracture? YES NO spine fracture? YES NO
6. Do you smoke? YES NO History of tobacco use? YES NO
7. Have you taken glucocorticoids/steroids/prednisone 5 mg or more for 3 months or longer? YES NO
8. Do you have rheumatoid arthritis? YES NO
9. Do you have any of the following (circle if yes):
  - a. Type I Diabetes,
  - b. osteogenesis imperfecta,
  - c. untreated HYPERthyroidism,
  - d. hypogonadism or premature menopause (< 45 years),
  - e. chronic malnutrition/anorexia/bulimia,
  - f. malabsorption syndrome,
  - g. chronic liver disease,
10. Do you drink 3 or more alcoholic drinks per day? YES NO
11. Are you currently being treated for osteoporosis? YES NO
12. Have you ever taken any of these medications: Evista, Fosamax, Actonel, Boniva, Miacalcin, Reclast, Vitamin D, Calcium, Forteo, HRT/estrogen/hormone therapy, Protelos, Prolia, Tymlos, Evenity, other? YES NO, (circle which medications you have taken)
13. Do you have any of the following medical conditions?
 

a. Anorexia or Bulimia	g. Seizure Disorder
b. Asthma or Emphysema	h. Cancer/Chemo/Radiation
c. End stage renal disease	i. Inflammatory bowel disease
d. Hyperparathyroidism	j. Hysterectomy
e. Thyroid Condition	k. Reflux or Barrett's Esophagus
f. History of stroke or mini-stroke	l. history of heart attack
14. What was your maximum height (inches)? \_\_\_\_\_
15. Do you perform weight bearing exercises regularly? \_\_\_\_\_ What and how often? \_\_\_\_\_
16. Do you regularly consume dairy products? \_\_\_\_\_
17. Do you drink caffeinated beverages (coffee, tea, cola)? Amount? \_\_\_\_\_
18. Have you ever been tested for Vitamin D deficiency? \_\_\_\_\_ If so, when? \_\_\_\_\_
  - a. Results? \_\_\_\_\_ Treatment? \_\_\_\_\_
19. Do you take calcium supplements? \_\_\_\_\_ Amount? \_\_\_\_\_
20. When was your last dental exam? \_\_\_\_\_ Any upcoming planned extractions? YES NO

### Females Only:

1. At what age did your period start? \_\_\_\_\_
2. Are you PREmenopausal? \_\_\_\_\_
3. How many FULL TERM pregnancies have you had? \_\_\_\_\_
4. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? \_\_\_\_\_
5. If postmenopausal, how old were you when you went through menopause? \_\_\_\_\_
  - a. Natural? \_\_\_\_\_ OR Surgical? \_\_\_\_\_
6. Do you still have your ovaries? \_\_\_\_\_
7. Have you been diagnosed with breast cancer? \_\_\_\_\_ If yes, treatment? \_\_\_\_\_
8. When was your last Mammogram? \_\_\_\_\_ Pap smear? \_\_\_\_\_ Colonoscopy? \_\_\_\_\_
9. Who is your gynecologist? \_\_\_\_\_ (a copy of results will be sent to gyn)

### Men Only:

1. When was your last testicular exam/hernia check/prostate exam? \_\_\_\_\_
2. When was your last colonoscopy? \_\_\_\_\_

FALL Risk Questionnaire

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

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

DOB: \_\_\_\_\_

Please answer YES or NO:

1. Do you have stairs in your house/apartment? \_\_\_\_\_ How many? \_\_\_\_\_
2. Are there any stairs that do not have handrails? \_\_\_\_\_
3. How many falls have you had in the last 12 months? \_\_\_\_\_
4. Do you require the assistance of a walker, cane or wheelchair to move about your house/apartment?  
\_\_\_\_\_ If yes, what do you use? \_\_\_\_\_
5. Do you have throw rugs or mats within your house/apartment? \_\_\_\_\_
6. Do you have a grab-bar in your bathroom shower or bathtub? \_\_\_\_\_
7. Are you hearing impaired? \_\_\_\_\_
8. Do you use glasses? \_\_\_\_\_
9. Do you regularly exercise? \_\_\_\_\_ If so, what? \_\_\_\_\_  
How often? \_\_\_\_\_
10. When you stand from a seated position, do you need the assistance of your arms to lift yourself up?  
\_\_\_\_\_