Osteoporosis Risk Questionnaire

Give yourself 1 point for every YES answer in this section:

1. Do you have gum disease or excessive tooth decay? ____
2. Do you drink five or more cups of coffee or pop each day? ____
3. Do you smoke one or more packs of cigarettes each day? ____
4. Do you drink more than 2 ounces of alcohol each day? ____
5. Do you exercise infrequently or not at all? ____
6. Have you avoided milk and dairy products? ____

Total Score for Section 1: ____

Give yourself 2 points for every YES answer in this section:

1. Are you female? ____
2. Are you Caucasian or Asian? ____
3. Do you have a fair complexion? ____
4. Are you slender? (Under 135 lbs. score 1; under 120 lbs. score 2) ____
5. Have any of your relatives suffered a broken hip or shoulder when past the age of 45? ____
6. Have relatives lost height as they grew older? ____

Total Score for Section 2: ____

Give yourself 3 points for every YES answer in this section:

1. Do you have thyroid problems, epilepsy, rheumatoid arthritis, insulin-dependent diabetes mellitus or chronic liver problems? ____
2. Have you taken corticosteroids for a prolonged problem? ____
3. Have your menstrual cycles stopped (natural or surgical), become infrequent, or if menopausal, have you avoided taking female hormones (estrogen)? ____

Total Score for Section 3: ____

Add your scores from Sections 1, 2, & 3 – TOTAL: ____

*Information according to National Osteoporosis Foundation

If your score totals 12 or more, we recommend having a conversation, with your provider, about osteoporosis.
This questionnaire is an aid in estimating your risk of developing osteoporosis.

Bone density is available at Kirby Medical Center.
To schedule a test call (217) 762-1826.