

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.**