

GWINNETT INTERNAL MEDICINE ASSOCIATES

BONE DENSITY (DEXASCAN) QUESTIONNAIRE

Date: _____

Patient's Name: _____ D.O. B. : _____

Please answer the following questions:

1. Your ethnicity (check one)
____ Caucasian ____ Black ____ Asian ____ Hispanic ____ Other

2. Have you had a bone density test? ____ Yes ____ No
If **yes**, when and where? _____

3. Have you ever broken a bone? ____ Yes ____ No
If **yes**:

Bone Broken (area)	Simple Fall?	If not a simple fall describe the circumstances	Age when this occurred
	____ Yes ____ No		
	____ Yes ____ No		
	____ Yes ____ No		

4. Has a parent or sibling had a broken hip from a simple fall or bump? ____ Yes ____ No

5. How many times have you fallen in the last year? _____

6. Have you ever had surgery of the spine, hips, or arms? ____ Yes ____ No

7. Do you take any calcium supplements (including TUMS) ____ Yes ____ No

8. Do you smoke? ____ Yes ____ No

9. Do you drink more than two (2) alcoholic beverages a day? ____ Yes ____ No

FOR WOMEN ONLY:

10. When was your last menstrual period? _____

11. Have you had your menopause? ____ Yes ____ No
If **yes**, at what age? _____ years old.

12. Have you had a hysterectomy? ____ Yes ____ No
If **yes**, at what age? _____ years old.