



Saint Luke's Northland
Center for Women's Care
Bone Health Assessment

- Do you have a thin body frame (weighing less than 127 pounds)? Yes No
- Do you have blonde or red hair, fair skin and/or freckles? Yes No
- Are you menopausal? Yes No Unsure
- If you are menopausal, did you reach menopause before age 50? Yes No
- Are you of Northern European or Asian descent? Yes No
- Do you have curvature of the spine (scoliosis)? Yes No
- Is your diet low in milk or dairy products? Yes No Unsure
- Is your diet low in calcium and/or high in salt? Yes No Unsure
- Do you rarely get enough Vit D in your diet or through exposure to the sun? Yes No
- Do you smoke? Yes No
- Do you drink more than 2 alcoholic drinks per day? Yes No
- Do you drink more than 2 to 3 cups of caffeinated beverages a day? Yes No
- Do you have a sedentary life style in which you rarely exercise? Yes No
- Do you exercise excessively? Yes No
- Do you have a family history of osteoporosis? Yes No Unsure
- Have you been on any medication long term that would reduce your bone density, like long term steroids (for asthma or arthritis), long term Depo Provera use, Thyroid hormone therapy, anticonvulsants, or antacids with aluminum? Yes No
- Have you broken any bones in your adult life? Yes No
- Have you ever been severely underweight or had an eating disorder? Yes No

The more times that you answered "Yes" to this questionnaire, the greater risk you have for developing osteoporosis.

Patient Label: