

## The Two-Minute Osteoporosis Risk Assessment

This simple checklist can provide an indication of whether you are at risk of having or developing **osteoporosis**. This checklist is not a substitute for a medical evaluation.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

### Risk Factors for Osteoporosis or Osteoporotic Fracture

**Please check all that apply to you, then answer the questions below.\***

Are You at Risk?

- |  |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal history of fracture as an adult (e.g., wrist, rib, pelvis, hip, etc.)</li> <li><input type="checkbox"/> History of fracture in a parent or adult sibling</li> <li><input type="checkbox"/> Caucasian or Asian race</li> <li><input type="checkbox"/> Poor health/frailty</li> <li><input type="checkbox"/> Current or past tobacco use</li> <li><input type="checkbox"/> Hypogonadism or deficiency of sex hormones (for men)</li> <li><input type="checkbox"/> Low body weight (less than 127 lbs.)</li> <li><input type="checkbox"/> Loss of 1½ or more inches in height</li> <li><input type="checkbox"/> History of anorexia, bulimia, or other similar eating disorder</li> <li><input type="checkbox"/> History of exercise-induced lack of menstrual cycles</li> <li><input type="checkbox"/> Surgical removal of both ovaries or menopause before age 45</li> <li><input type="checkbox"/> Lack of menstrual cycles for more than one year (for reasons other than pregnancy or menopause)</li> <li><input type="checkbox"/> Lifelong history of low calcium or vitamin D in diet</li> <li><input type="checkbox"/> 2 or more hard liquor drinks or 3 or more beers per day on average</li> <li><input type="checkbox"/> Impaired eyesight or poor depth perception, despite correction</li> <li><input type="checkbox"/> Frequent imbalance or falls</li> <li><input type="checkbox"/> Parkinson's disease, or medicine use for depression</li> <li><input type="checkbox"/> Use of insulin for diabetes for 10 years or more</li> <li><input type="checkbox"/> On feet 4 hours or less a day</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Tall stature (more than 5 feet 5 inches) (for women)</li> <li><input type="checkbox"/> Current weight is less than weight at age 25 (for women)</li> <li><input type="checkbox"/> Exercise less than three times a week ("exercise" means jogging, weight lifting, aerobics, etc.)</li> <li><input type="checkbox"/> Excessive production of thyroid or parathyroid glands, or elevated blood calcium — past or present</li> <li><input type="checkbox"/> Deficient kidney or liver function for 6 months or more</li> <li><input type="checkbox"/> Treatment with Cyclosporine for an organ transplant</li> <li><input type="checkbox"/> Anticonvulsant (seizure) therapy (e.g., Dilantin or Phenobarbital)</li> <li><input type="checkbox"/> Diuretic therapy with Lasix, Bumex, or Edecrin</li> <li><input type="checkbox"/> Current treatment with Librium, Tranxene, Valium, Dalmane, or Ativan for more than 1½ months</li> <li><input type="checkbox"/> History of steroid tablet use (e.g., cortisone, prednisone) or high-dose asthma inhalers for 6 months or more</li> <li><input type="checkbox"/> Caffeine intake more than the equivalent of two cups of coffee per day (including sodas)</li> <li><input type="checkbox"/> Gastrointestinal malabsorption, surgical removal of stomach or small bowel, or frequent diarrhea (e.g., from Crohn's disease or celiac disease)</li> <li><input type="checkbox"/> Inability to rise from a chair without arms</li> <li><input type="checkbox"/> Rheumatoid arthritis or Cushing's syndrome</li> <li><input type="checkbox"/> History of chemotherapy or multiple myeloma</li> <li><input type="checkbox"/> Osteogenesis imperfecta</li> <li><input type="checkbox"/> Cognitive impairment or dementia</li> </ul> |
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**If you answer "yes" to any of the following questions, a bone density scan is recommended.**

#### \* For Women



1. I am 65 years of age or older..... Yes  No
2. I am postmenopausal, under 65 years of age, and have one or more additional risk factors (check risk factors above that apply). .... Yes  No
3. I am postmenopausal and currently have a fracture. .... Yes  No
4. I have been on hormone replacement therapy for more than two years..... Yes  No
5. I am premenopausal and have 4 or more risk factors (check risk factors above that apply). .... Yes  No

#### \* For Men



1. I am a male over 50 years of age and have 3 or more risk factors (check risk factors above that apply). .... Yes  No
2. I am a male between 40 to 50 years of age and have 5 or more risk factors (check risk factors above that apply). .... Yes  No