

# 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?

- Personal history of fracture as an adult (e.g., wrist, rib, pelvis, hip, etc.)
- History of fracture in a parent or adult sibling
- Caucasian or Asian race
- Poor health/frailty
- Current or past tobacco use
- Hypogonadism or deficiency of sex hormones (for men)
- Low body weight (less than 127 lbs.)
- Loss of 1½ or more inches in height
- History of anorexia, bulimia, or other similar eating disorder
- History of exercise-induced lack of menstrual cycles
- Surgical removal of both ovaries or menopause before age 45
- Lack of menstrual cycles for more than one year (for reasons other than pregnancy or menopause)
- Lifelong history of low calcium or vitamin D in diet
- 2 or more hard liquor drinks or 3 or more beers per day on average
- Impaired eyesight or poor depth perception, despite correction
- Frequent imbalance or falls
- Parkinson's disease, or medicine use for depression
- Use of insulin for diabetes for 10 years or more
- On feet 4 hours or less a day
- Tall stature (more than 5 feet 5 inches) (for women)
- Current weight is less than weight at age 25 (for women)
- Exercise less than three times a week ("exercise" means jogging, weight lifting, aerobics, etc.)
- Excessive production of thyroid or parathyroid glands, or elevated blood calcium — past or present
- Deficient kidney or liver function for 6 months or more
- Treatment with Cyclosporine for an organ transplant
- Anticonvulsant (seizure) therapy (e.g., Dilantin or Phenobarbital)
- Diuretic therapy with Lasix, Bumex, or Edecrin
- Current treatment with Librium, Tranxene, Valium, Dalmane, or Ativan for more than 1½ months
- History of steroid tablet use (e.g., cortisone, prednisone) or high-dose asthma inhalers for 6 months or more
- Caffeine intake more than the equivalent of two cups of coffee per day (including sodas)
- Gastrointestinal malabsorption, surgical removal of stomach or small bowel, or frequent diarrhea (e.g., from Crohn's disease or celiac disease)
- Inability to rise from a chair without arms
- Rheumatoid arthritis or Cushing's syndrome
- History of chemotherapy or multiple myeloma
- Osteogenesis imperfecta
- Cognitive impairment or dementia

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