

HEATH LODGE CLINIC

OSTEOPOROSIS LIFESTYLE QUESTIONNAIRE

FOR STAFF USE ONLY

Scan Date:..... Height:..... Weight:..... BMI:.....

Title (Mr/Mrs etc)..... Sex: Female [] Male [] Age:.....
Name:..... Date of Birth:.....
Address:..... Referrers' Name:.....
..... Referrers' Contact No:.....
Postcode:..... Occupation:.....

Ethnic Group: Asian (Indian Subcontinent []
Black []
White European []
Other []

Do you smoke? Never [] Ex- Smoker []
Number of years smoked [] Number smoked each day []
Smoke now []

Do you drink alcohol? Never []
No. of units you currently drink each week []
Have you drunk more than 20 units each week in the past []
(Note: 1 unit = 1 glass of wine, ½ pint beer or 1 measure of spirits)

Do you eat dairy products? Yes [] No []
More than 1 pint of milk/day [] 1 pint []
Less than ½ pint/day [] ½ pint []
Other dairy products [] none []

Please circle or underline which of the following foods you consume on a regular basis:

Cheese, Yogurt, Soya milk (with extra calcium), Nuts, Green Vegetables,
Oily fish (sardines, mackerel, salmon etc.).

Have you broken any bones? Yes [] No []
If yes which bone(s).....Age when broken?.....
How did you break it?.....

Do you take regular exercise? Yes [] No []
If yes, what exercise do you do?.....
Duration each week:.....

Is Your mobility limited in any way?.....

Is there a family history of broken bones or osteoporosis?

If Yes, who?.....Which bones?.....

PLEASE TURN OVER

ILLNESS

PLEASE TICK THE BOX IF YOU CURRENTLY HAVE OR HAVE HAD IN THE PAST, ANY OF THE FOLLOWING ILLNESSES:

ANOREXIA		KIDNEY DISEASE	
ARTHRITIS OF THE SPINE		LIVER DISEASE	
ASTHMA		LUPUS (SLE/WEGNERS/PAN/SCLERODERMA)	
BED REST FOR 6 MONTHS OR MORE		MYELOMA	
BOWEL DISEASE (COELIAC / CROHNS / COLITIS)		RHEUMATOID ARTHRITIS	
BREAST CANCER		THYROID DISEASE	
DIABETES		OSTEOPOROSIS	
ENDOMETRIOSIS		PARATHYROID DISEASE	
HORMONE DEFICIENCIES		BACK OPERATIONS	
HIP REPLACEMENTS		LONG TERM BACK PAIN	

MEDICATION

PLEASE TICK THE BOX IF YOU CURRENTLY TAKE OR HAVE TAKEN ANY OF THE FOLLOWING TREATMENTS:

DRUG	NOW	IN THE PAST	HOW MANY YEARS ON THIS TREATMENT?
ALENDRONATE (FOSAMAX)			
ETIDRONATE (DIDRONEL PMO)			
RISIDRONATE (ACTONEL)			
WATER TABLETS (DIURETICS)			
STEROID TABLETS (PREDNISILONE)			
STEROID INHALERS			
THYROXIN			
CONTRACEPTIVE PILL			
HORMONE REPLACEMENT THERAPY (HRT)			
SERMS (RALOXIFENE)			
TAMOXIFEN			
ARIMIDEX/AROMATAZE INHIBITOR			
CALCITONIN / CALCICHEW D3			
CALCIUM/VITAMIN D			
STRONTIUM RANELATE			

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.