

OSTEOPOROSIS RISK QUESTIONNAIRE

Give yourself 1 point for each YES answer in this section...

- Do you have gum disease or excessive tooth decay?
- Do you drink 5 or more cups of coffee or soda daily?
- Do you smoke?
- Do you drink 2 or more ounces of alcohol a day?
- Do you exercise infrequently or not at all?
- Have you avoided milk or dairy products?
- TOTAL SCORE FOR SECTION I**

Give yourself 2 points for each YES answer in this section...

- Are you female?
- Are you Caucasian or Asian?
- Do you have a fair complexion?
- Are you slender? (Under 132 pounds: 1 point – under 121: 2 points)

- Have any of your relatives suffered a broken hip or shoulder after age 45?

- Have any relatives lost height as they grew older?
- TOTAL SCORE FOR SECTION II**

Give yourself 3 points for each YES answer in this section...

- Do you have thyroid problems, epilepsy, rheumatoid arthritis, insulin-dependent diabetes, or chronic liver problems?
- Have your menstrual periods stopped (natural or surgical), become infrequent, or if menopause, have you avoided taking female hormones?
- TOTAL SCORE FOR SECTION III**

TOTAL SCORE FOR ALL SECTIONS:
(A score of 12 or more we recommend you consult you doctor)