OSTEOPOROSIS RISK ASSESSMENT

Name _____ Date _____
Last First Middle

Age _____ Currently Pregnant: Yes ☐ No ☐

	YES	NO
1. I am thin and/or petite.	☐	☐
2. I have a fair complexion.	☐	☐
3. I have "see-through" skin.	☐	☐
*4. My mother or aunt has broken a hip or lost height.	☐	☐
5. I have periodontal disease.	☐	☐
*6. I have gone through or am currently going through menopause.	☐	☐
*7. I have had my ovaries removed.	☐	☐
8. I have **NEVER** been pregnant.	☐	☐
1. I do **NOT** take birth control pills.	☐	☐
*10. I exercise infrequently.	☐	☐
11. I smoke.	☐	☐
12. I am under a lot of stress.	☐	☐
13. I diet frequently.	☐	☐
14. My diet is heavy in protein (ie, meat).	☐	☐
15. I salt my food frequently.	☐	☐
16. I drink 4 or more cups of coffee per day.	☐	☐
17. I drink alcohol several times per week.	☐	☐
*18. I avoid milk and other dairy products.	☐	☐

If you answered yes to question #18 above is it because:

You have allergies or intolerances to dairy products? _____

You are concerned about your weight? _____

Other _____

If you are currently taking a calcium product please state which one:

_____

Briefly describe what exercise you get (recreational and job related):

_____

_____

_____

_____