

Please **CIRCLE** correct answer. Provide other information as accurately as possible.

NAME: _____ Date of Birth: _____ Age: _____

<p>PERSONAL HISTORY</p> <p>Prior diagnosis of osteoporosis Yes No</p> <p>Height Loss Yes No</p> <p>Overactive thyroid gland Yes No</p> <p>Rheumatoid arthritis or SLE Yes No</p> <p>Other chronic illness Yes No eg. coeliac or liver disease, Type 1 diabetes Specify: _____</p> <p>Smoking (current) Yes No</p> <p>Alcohol 3 or more drinks/day Yes No</p> <p>Any falls (in the past year) Yes No Number of falls _____</p> <p>Hip replacements Yes No</p> <p>Lower Spine surgery Yes No</p> <p>MRI, CT scan or barium meal (in past 2 wks) Yes No</p> <p>FAMILY HISTORY (<i>immediate family only</i>)</p> <p>Diagnosis of Osteoporosis Yes No</p> <p>Spine, hip wrist or arm fracture Yes No</p> <p>A parent with hip fracture Yes No</p> <p>FRACTURE HISTORY</p> <p>Fracture of any bone/s Yes No Which bone/s _____ When _____</p> <p>HAVE YOU EVER HAD?</p> <p>A bone density scan If yes, when _____ where _____</p>	<p>MEDICATION</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Steroid (Prednisone)</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 20%;">_____ to _____</td> </tr> <tr> <td>- Current daily dose ?</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>- Average daily dose past year?</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>- Past prednisone > 5mg/day</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>Depo Provera</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>Hormone Replacement</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>Didronel/Etidronate</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>Alendronate (Fosamax)</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>Zoledronate (Aclasta) IV</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>----- Total number of infusions?</td> <td></td> <td></td> <td>_____</td> </tr> <tr> <td>Calcium supplements</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>Monthly calciferol (vitamin D)</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>Multivitamins</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>Thyroxine</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>Anticonvulsants</td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>Pioglitazone/Actos</td> <td>Yes</td> <td>No</td> <td></td> </tr> </table> <p>FOR WOMEN ONLY</p> <p>Current Pregnancy Yes No</p> <p>Hysterectomy Yes No</p> <p>Age at menopause _____</p> <p>Breast Cancer Treatments:</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Letrozole (was Femara)</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 20%;">_____ to _____</td> </tr> <tr> <td>Anastrozole (was Arimidex)</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> <tr> <td>Tamoxifen</td> <td>Yes</td> <td>No</td> <td>_____ to _____</td> </tr> </table> <p>FOR MEN ONLY</p> <p>Androgen Deprivation Therapy Yes No _____ to _____ (e.g., Zoladex, Flutamide for prostate cancer)</p>	Steroid (Prednisone)	Yes	No	_____ to _____	- Current daily dose ?			_____	- Average daily dose past year?			_____	- Past prednisone > 5mg/day	Yes	No	_____ to _____	Depo Provera	Yes	No	_____ to _____	Hormone Replacement	Yes	No	_____ to _____	Didronel/Etidronate	Yes	No	_____ to _____	Alendronate (Fosamax)	Yes	No	_____ to _____	Zoledronate (Aclasta) IV	Yes	No	_____ to _____	----- Total number of infusions?			_____	Calcium supplements	Yes	No		Monthly calciferol (vitamin D)	Yes	No		Multivitamins	Yes	No		Thyroxine	Yes	No		Anticonvulsants	Yes	No		Pioglitazone/Actos	Yes	No		Letrozole (was Femara)	Yes	No	_____ to _____	Anastrozole (was Arimidex)	Yes	No	_____ to _____	Tamoxifen	Yes	No	_____ to _____
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- Are you interested in taking part in bone research Y / N

- A positive response does not commit you to participating in a study.

Technician use only

Any additional information: _____
