Osteoporosis Fracture Risk Assessment Questionnaire

Re: Symptoms, put a Score of 1 to 10 (severe). Otherwise, answer Yes or No

Name: **Date:**

Score or Yes/No	Osteoporosis Fracture Risk Assessment Questionnaire
	1. I am 65 years of age or older
	2. I am Caucasian or Asian living in the U.S.
	3.* I am underweight or have lost weight since age 25.
	4. I am physically inactive and rarely exercise.
	5.* I am weak; for example I cannot rise from a chair without using my arms.
	6. I rank my overall health as poor.
	7. I was taller than my peers at age 25.
	8. I spend less than 30 minutes three times a week outdoors in the sunshine.
	9. My resting pulse is 80 beats or more per minute. Morning Pulse:_____
	10. I generally do not consume milk, yogurt or cheese daily. (Prefer non-cow)
	11. I generally consume less than one serving per day of green leafy vegetables (collards, kale, broccoli, bok choy, dandelion greens, etc.)
	12. I eat meat, fish or other flesh foods more than once a day.
	13. I regularly add salt to my food.
	14. I use canned or packaged foods more than twice a day.
	15. I use sugar or have sweetened foods more than twice a day.
	16. I drink two or more cups of coffee, or four or more cups of tea or chocolate daily. (Caffeine teas, black, Lipton teas, etc.)
	17. I consume two or more colas or soft drinks daily.
	18. I eat fast foods two or more times a week.
	19.* I presently smoke.
	20. I used to smoke.
	21. I have two or more alcoholic drinks per day.
	22.* I regularly use or have regularly used over long periods of time glucocorticoids, such as Prednisone.
	23.* I use anti-convulsant drugs such as Dilantin.
	24.* I use tranquilizers and mood-altering drugs.

	25. I used Depo Provera for several years.
	26. I use aluminum-containing antacids on a daily basis (e.g., Rolaids, Maalox, Mylanta, Gelusil, etc.)
	27.* One of my parents fractured a hip.
	28.* I have documented low bone density (2 1/2 standard deviations or more below young normal values). My bone density is _____
	29.* I experienced a fracture after age 50.
	30. I have receding gums or periodontal disease.
	31. I have false teeth.
	32. I have thin, transparent skin.
	33. I have little muscular development.
	34. I have weak, brittle fingernails.
	35. I suffer frequent indigestion, gas, bloating, belching or diarrhea.
	36. I have regular nocturnal leg cramps.
	37. I have undergone intestinal or stomach surgery.
	38. I have an overacid thyroid.
	39. I am lactose intolerant or allergic to dairy products.
	40. I frequently feel light-headed if I stand up quickly.
	41.* There were times when my period stopped for many months (not including pregnancy, lactation or menopause).
	42. Menopause was naturally early (before age 43)
	43. Menopause was surgically induced by ovary removal.
	TOTALS (Number of Yes, which includes any line that has a 1-10 Score)

Answer Key: If score is 4 or more, contact **Advanced Clinical Nutrition** today for an osteoporotic corrective and preventive clinical nutrition support protocol.

- Each of the above may be associated with the development of osteoporosis and an increased risk of osteoporotic fracture.
- The greater your number of "Yes" answers, the more reason for you to begin a serious osteoporosis-prevention and bone-rebuilding program now.
- 4 or more "Yes" to questions with an (*), you are likely to be at high risk for an osteoporotic fracture at some point in the future. When adding Yes's, include any lines that you answered with a Score of 1-10.
- 8 or more "Yes" questions, you are at average risk.
- 10 or more "Yes" questions, you are likely at high risk for an osteoporotic fracture.

frm43.Q-osteo.wpd 0898R030404

Statistical Data: Average Risk for U.S. Caucasians = 50 percent chance of osteoporotic fracture.