



## Osteoporosis Risk Factor Assessment

Please answer all of the questions below - the more "Yes" answers you circle, the greater your risk of fracture.

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|-----|---|-----|----|
| 1.  | Are you past menopause?   | Yes | No |
| 2.  | Did or does your mother or sister have osteoporosis?  | Yes | No |
| 3.  | Have you broken a bone in your hip, wrist, or spine since age 50?   | Yes | No |
| 4.  | Do you smoke cigarettes, or have you been a regular smoker in the past?   | Yes | No |
| 5.  | Do you have a small, thin frame or weigh less than 127 pounds?  | Yes | No |
| 6.  | Are you Asian or Caucasian?   | Yes | No |
| 7.  | Do you currently take oral steroids such as prednisone or have you taken them for long periods of time in the past? | Yes | No |
| 8.  | Does your diet contain less than 1200 mg of calcium which is the equivalent of 1 quart of milk?                     | Yes | No |
| 9.  | Do you do weight bearing exercise such as walking, fewer than 3-4 times a week?                                     | Yes | No |
| 10. | Do you consume alcohol in more than moderate amounts?   | Yes | No |