SANDTON RADIOLOGY
Preventive & Diagnostic Imaging

BONE DENSITOMETRY QUESTIONNAIRE

Name: _____ Age: _____

Ref. Doctor: _____ F ❑ M ❑

1) Is there a family history of low bone density? Y ❑ N ❑
2) Do you, or have you ever suffered from any of the following:
   - Diabetes Y ❑ N ❑
   - Recurrent kidney stones Y ❑ N ❑
   - Hyperparathyroidism Y ❑ N ❑
   - Chronic kidney failure Y ❑ N ❑
   - Anorexia or Bulimia Y ❑ N ❑ If yes at what age? _____
   - Leukemia Y ❑ N ❑
   - Porphyria Y ❑ N ❑
   - Thyroid disease (over or under function) Y ❑ N ❑
   - Multiple myeloma Y ❑ N ❑
   - Cancer Y ❑ N ❑ If yes, of what organ? _____
   - Other _____
3) Are you currently taking any of the following:
   - Alcoholic beverages - More than 3 drinks per day Y ❑ N ❑
   - Chemotherapy for cancer (presently or in the past) Y ❑ N ❑
   - Contraceptive pill Y ❑ N ❑
   - Cortisone - currently, or for more than 6 months in the past Y ❑ N ❑
   - Any other medication for more then 3 months Y ❑ N ❑
4) Do you smoke? Y ❑ N ❑ If yes, how many per day? _____
5) Have you had any of the following operations:
   - Hysterectomy Y ❑ N ❑ If yes, at what age? _____
   - Ovaries removed Y ❑ One ❑ Both ❑
   - Back operation Y ❑ N ❑
   - Hip operation Y ❑ N ❑

For Office Use
H_____cm
W_____kg

6) Menopause (Ignore this if you use hormone replacement or the contraceptive pill)
   - Do you still menstruate? Y ❑ N ❑ If yes,is your period regular? Y ❑ N ❑
   - Have you ever stopped menstruating for longer then 6 months excluding pregnancy? Y ❑ N ❑
7) Are you currently taking hormone replacement therapy (HRT) Y ❑ N ❑
   If yes, which of the following?
   Oestrogen ❑ Progesterone ❑ Testosterone ❑ Contraceptive pill ❑
   Homeopathic or natural ❑
8) Excersise:
   - Regular (3-4 times or more per week) Y ❑ N ❑ Type _____
   - Intense exercise (such as marathons) Y ❑ N ❑
9) Do you take calcium/vitamin D supplementation? Y ❑ N ❑
   If, yes, name _____ Dose per day _____

Date _____ Signature _____