

**Bone Density Questionnaire**

华大医疗中心—放射科  
骨密度测试问卷

Chinese

Name 姓名 \_\_\_\_\_ Birthday 生日 \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Height 目前身高 \_\_\_\_\_ Current Weight 目前体重 \_\_\_\_\_ lbs.

What is your ethnic group? **WHITE / BLACK / HISPANIC / ASIAN / OTHER** (circle one)  
您属什么种族? 白人/黑人/西班牙族/亚裔/其他 (请圈选一项)

Yes 是  No 否

**Are you pregnant?**

您是否怀孕?

Yes 是  No 否

**Is there metal in your Lumbar Spine (lower back)?**

您的腰椎有无任何金属 (腰部)?

Yes 是  No 否

**Is there metal in either Hip?**

您的髋关节有无任何金属?

Yes 是  No 否

**Do you have Hyperparathyroidism?**

您副甲状腺功能亢进吗?

Yes 是  No 否

**Have you had a barium study in the past 10 days?**

您在过去的 10 天中做过钡剂测试吗?

Yes 是  No 否

**On average, do you consume more than 2 alcoholic beverages per day? (12 oz. beer, 5 oz. wine, 1.5 oz. spirits)**

您每天平均喝 2 杯以上的酒吗? (12 盎司啤酒、5 盎司葡萄酒、1.5 盎司烈酒)

Yes 是  No 否

**Does your mother or father have a history of hip fracture?**

您的父母亲曾经有过髋骨折吗?

PLACE PATIENT LABEL HERE

**UW Medicine**

Harborview Medical Center – Northwest Hospital & Medical Center  
Valley Medical Center – UW Medical Center  
University of Washington Physicians Seattle, Washington

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Yes 是  No 否

**Have you taken oral Prednisone, or other glucocorticoids, for more than 3 months at a dose of 5mg or more daily?**

您是否每天口服强的松或其他糖皮质激素超过 3 个月，剂量为 5mg 或更多？

Yes 是  No 否

**Do you have a history of fracture in your adult life?** (Do not count bones in the head, neck, hands, feet, or knee cap, or fractures from car accidents or other high impact traumas)

您成年后有无骨折过？（头骨、颈椎、手、脚、或膝盖、或因车祸、及其他的高撞击导致的骨折排除）

Yes 是  No 否

**Do you have a confirmed diagnosis of Rheumatoid Arthritis?**

您是否被确诊为有类风湿性关节炎？

Yes 是  No 否

**Do you currently smoke tobacco?**

您目前抽烟吗？

Chinese Translation by UWMC Interpreter Services

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