

UNIVERSITY OF WASHINGTON MEDICAL CENTER – ROOSEVELT RADIOLOGY
Bone Density Questionnaire

Name _____

Birthday ____/____/____

Current Height _____

Current Weight _____ lbs.

What is your ethnic group? **WHITE / BLACK / HISPANIC / ASIAN / OTHER** (*circle one*)

- Yes No **Are you pregnant?**

- Yes No **Is there metal in your Lumbar Spine** (*lower back*)?

- Yes No **Is there metal in either Hip?**

- Yes No **Do you have Hyperparathyroidism?**

- Yes No **Have you had a barium study in the past 10 days?**

- Yes No **On average, do you consume more than 2 alcoholic beverages per day?**
(12 oz. beer, 5 oz. wine, 1.5 oz. spirits)

- Yes No **Does your mother or father have a history of hip fracture?**

- Yes No **Have you taken oral Prednisone, or other glucocorticoids, for more than 3 months at a dose of 5mg or more daily?**

- Yes No **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*)

- Yes No **Do you have a confirmed diagnosis of Rheumatoid Arthritis?**

- Yes No **Do you currently smoke tobacco?**

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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