

Are You at Risk for Weak Bones? Answer These Questions To See If You Are at Risk

Check the correct box.

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1) I am older than 50 years. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2) I have broken a bone after the age of 50 years. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3) I have a close relative (mother, father, brother or sister) with osteoporosis or who has broken a bone after the age of 50 years. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4) My health is "fair" or "poor". | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5) I smoke. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6) I am underweight for my height. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7) I am postmenopausal (women only). | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8) I don't get enough calcium or vitamin D. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9) I have more than two drinks of alcohol each day. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10) I have poor vision | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11) I fall sometimes. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12) I am not very active. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13) I have one or more of these medical conditions: | | | | |
| a. <input type="checkbox"/> hyperthyroidism | | | | |
| b. <input type="checkbox"/> chronic lung disease | | | | |
| c. <input type="checkbox"/> cancer | | | | |
| d. <input type="checkbox"/> inflammatory bowel disease | | | | |
| e. <input type="checkbox"/> chronic liver or kidney disease | | | | |
| f. <input type="checkbox"/> parathyroid disease | | | | |
| g. <input type="checkbox"/> vitamin D deficiency | | | | |
| h. <input type="checkbox"/> Cushing's disease | | | | |
| i. <input type="checkbox"/> multiple sclerosis | | | | |
| j. <input type="checkbox"/> rheumatoid arthritis | | | | |
| 14) I take one or more of the following medicines: | | | | |
| a. <input type="checkbox"/> oral glucocorticoids or steroids such as prednisone | | | | |
| b. <input type="checkbox"/> cancer treatments such as radiation or chemotherapy | | | | |
| c. <input type="checkbox"/> thyroid medicines | | | | |
| d. <input type="checkbox"/> medicines for seizures | | | | |
| e. <input type="checkbox"/> gonadal hormone suppression | | | | |
| f. <input type="checkbox"/> immunosuppressive medicines | | | | |

If you answered "yes" to any of these questions, it does not mean that you have weak bones or osteoporosis. It just means that you may have risk factors which can lead to osteoporosis and bone fractures.

Please show this to your healthcare professional who may ask you to have a bone mineral density test. If you are a woman 65 years or older, or a man 70 years or older, you should have a bone mineral density test, even if you do not have any risk factors.