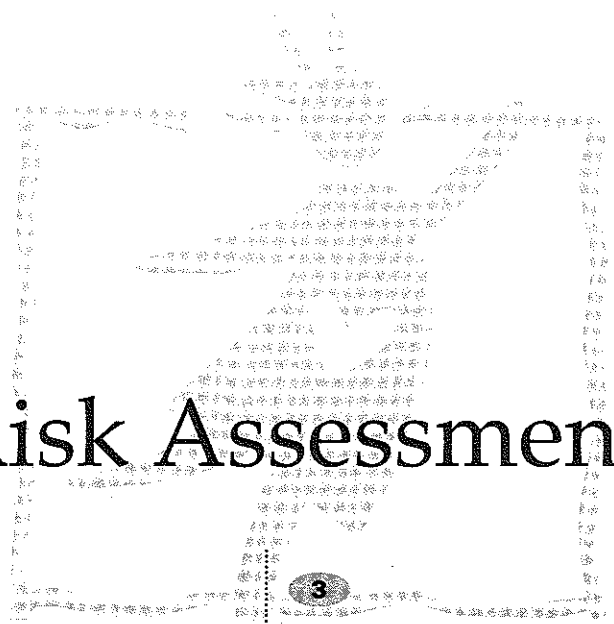


Name:

Age:



Osteoporosis Risk Assessment

1

Give yourself 1 point for every yes answer in this section

- Do you have gum disease or excessive tooth decay?
- Do you drink five or more cups of coffee or soda each day?
- Do you smoke one or more packs of cigarettes each day?
- Do you drink more than two ounces of alcohol a day?
- Do you exercise infrequently or not at all?
- Have you avoided milk and dairy products?

..... TOTAL SCORE SECTION 1

2

Give yourself 2 points for every yes answer in this section

- Are you female?
- Are you caucasian or Asian?
- Do you have a fair complexion?
- Are you slender? (under 135 lbs. score 1; under 120 lbs. score 2)
- Have any of your relatives suffered a broken hip or shoulder when past the age of 45?
- Have relatives lost height as they grow older?

..... TOTAL SCORE SECTION 2

3

Give yourself 3 points for every yes answer in this section

- Do you have thyroid problems, epilepsy, rheumatoid arthritis, insulin-dependent diabetes mellitus or chronic liver problem?
- Have you taken corticosteroids for a prolonged period?
- Have your menstrual periods stopped (natural or surgical), become infrequent, or, if menopausal, have you avoided taking female hormones (estrogen)?

..... TOTAL SCORE SECTION 3

ADD YOUR SCORES FROM SECTION 1, 2 AND 3

If your score totals 12 or more you are susceptible to osteoporosis; the higher your score, the greater the risk.

Please review this with your physician.



The
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Caring for Generations

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