

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*)

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- 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 – University of Washington Medical Center  
UW Neighborhood Clinics – Valley Medical Center  
University of Washington Physicians      Seattle, Washington

**BONE DENSITY QUESTIONNAIRE**

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