



Preparing for your DEXA (bone density) scan

What is a DEXA scan?

This is an X-ray examination to check the density of your bones. Please note you will be required to change into a hospital gown for this scan. You will be required to lie on your back on an X-ray couch for this examination. This scan will take approximately half an hour. The results will be sent to your referring doctor within 10 working days.

Special notes:

Please bring a list of your medication with you when you come in for your scan.

Please complete the questionnaire below and bring with you on the day of your scan.

If you are a lady of childbearing age this procedure must be carried out within the first 28 days of your cycle. If there is any possibility that you may be pregnant please inform us immediately on receipt of this appointment. If you are unable to attend or if you have any further queries please contact the appointments secretary via the details provided.



DEXA Scan Questionnaire

Complete prior to attending for scan. To be given to Radiographer at appointment.

Osteoporosis is a thinning and weakening of the bones that increases the risk of fractures (breaks). DEXA scans are used to check for osteoporosis by measuring the 'density' of bones and show how strong bones are. This questionnaire provides background information which will assist in acquiring the scan and help in the interpretation of the results.

Name:

MRN:

- 1. Have you had a previous hip or vertebral (spine) fracture? Yes No
- 2. Have you had any fractures during your adult life which **did not result** from significant trauma? (e.g., **NOT** as a result of a fall, a car accident or similar incidents)? Yes No
- 3. Did either of your parents ever have a hip fracture? Yes No
- 4. Do you smoke? Yes No
- 5. Have you ever taken steroids for 3 months or longer? Yes No
- 6. Do you have rheumatoid arthritis? Yes No
- 7. Do you have secondary osteoporosis? (Occurs as a result of other chronic conditions, which weaken bone) Yes No
- 8. Do you drink 3 or more alcoholic drinks per day Yes No
- 9. Are you being treated for osteoporosis? Yes No

10. Have you ever taken any of the following medications?
- Actonel (i.e. risedronate) Boniva (i.e. ibandronate)
 - Evista (i.e. raloxifene) Forteo (i.e. parathyroid hormone)
 - Fosamax (i.e. alendronate) HRT (i.e. estrogen/hormone therapy)
 - Miacalcin (i.e. calcitonin) Protelos (i.e. strontium ranelate)
 - Reclast (i.e. zoledronate) Prolia (i.e. denosumab)
 - Vitamin D Calcium
 - Other - Please specify: _____

11. Do you have any of the following medical conditions?
- Anorexia or Bulimia Any Seizure Disorders
 - Asthma or Emphysema Cancer
 - End stage renal disease Inflammatory bowel diseases
 - Hyperparathyroidism Hysterectomy
 - Other - Please specify: _____

- 12. What was your maximum height (inches)? _____Inches
- 13. Do you perform weight bearing exercise regularly Yes No
- 14. Do you regularly consume dairy products? Yes No
- 15. Do you drink caffeinated beverages (Tea or Coffee) Yes No

If female:

- 16. At what age did you period start? _____
- 17. Are you premenopausal? Yes No
- 18. How many full term pregnancies have you had? _____
- 19. Have you ever missed you period for more than 6 months in a row (Not including pregnancy or menopause)? Yes No
- 20. At what age did your periods stop? _____ (Menopausal Age)