

# ADULT OSTEOPOROSIS RISK ASSESSMENT

Susan E. Brown, Director  
Osteoporosis Education Project

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1  | I am 65 years of age or older. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | I have little muscular development. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | I presently smoke. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | During my life, I have gone through three or more cycles of losing and regaining 10 pounds or more. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | I eat meat, fish, or other flesh foods more than once a day. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | I tend to worry a lot and I am more often unhappy than happy. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | I exercise less than 20 minutes three times a week. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | I have three or more significant health problems (in my own opinion). _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | I spend less than 30 minutes three times a week outside in the sunshine. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | On a daily basis, I generally consume less than two servings of dairy or green leafy vegetables or calcium fortified food (such as fortified OJ or fortified soy milk). _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | I have had three or more major surgeries in my life involving general anesthesia. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | I am underweight. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | I regularly use, or have used over long periods of time, glucocorticoids "steroid" drugs (such as Prednisone or steroid inhalers) or high dose steroid medication. _____      | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | One or both of my parents fractured a hip. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | I have lost more or less two inches of height. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | I am 80 years of age or older. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | I generally consume less than four servings of vegetables a day. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | I drink more than two cups of coffee or two sodas or two servings of alcohol a day. _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | I have experienced a bone fracture not due to severe trauma. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | (For women only) During my menstruating years, there were times when my period stopped for many months (not including pregnancy, lactation or menopause). _____               | <input type="checkbox"/> | <input type="checkbox"/> |

### Questionnaire Scoring

4 or less YES answers, indicates a low level of risk for osteoporosis.

5 to 8 YES answers, indicates a questionable risk for osteoporosis.

9 or more YES answers, suggests likely risk for osteoporosis.

### Questionnaire Note:

If you are 35 years old or younger and have 4 or more YES answers, then your long-term risk for suffering an osteoporotic fracture still might be significant.

If you are a senior, you are likely to have more risk factors. Aging by its very nature, tends to increase ones risk for osteoporosis. Do not be discouraged, rather, establish an action program to reduce the risk factors under your control, like diet, exercise and lifestyle habits.