1. Have you had a previous hip or vertebral fracture? □ Yes □ No
2. Have you had any fractures during your adult life which did not result from significant trauma (e.g., auto accident)? □ 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 Glucocorticoids? □ Yes □ No
6. Do you have rheumatoid arthritis? □ Yes □ No
7. Do you have secondary osteoporosis? □ 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)?

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? □ Yes □ No

If female:
16. At what age did your period start?

17. Are you premenopausal? □ Yes □ No
18. How many full term pregnancies have you had?

19. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? □ Yes □ No
20. Have you had this scan before? □ Yes □ No