Name_____ Date_____

Complete this quiz.

If you're a woman past the age of 50 and postmenopausal, answer these questions to the best of your ability. Add up your score, then give the completed quiz to your doctor or healthcare professional.

1 How old are you? ☐☐

Multiply the number in the circle by 3 and enter in the space at right ..... ____

2 What is your race? (Check one.)

☐ African-American/Black American — **If checked, enter 0 at right**

☐ Caucasian, Hispanic, Asian, Native American/ American Indian, Other — **If checked, enter 5 at right**

\+ ____

3 Have you ever been treated for or told you have rheumatoid arthritis?

Yes ☐ No ☐ **If Yes, enter 4 at right/If NO, enter 0 at right** \+ ____

4 Since the age of 45, have you experienced a fracture (broken bone) at any of the following sites?

Hip Yes ☐ No ☐ **If Yes, enter 4 at right/If NO, enter 0 at right** \+ ____

Rib Yes ☐ No ☐ **If Yes, enter 4 at right/If NO, enter 0 at right** \+ ____

Wrist Yes ☐ No ☐ **If Yes, enter 4 at right/If NO, enter 0 at right** \+ ____

5 Are you now taking or have you ever taken hormone replacement therapy (for example: estrogen, Premarin, Estrace, Estraderm, or Estratab)?

Yes ☐ No ☐ **If NO, enter 1 at right/If Yes, enter 0 at right** \+ ____

Add scores from questions 1-5. ____ SUBTOTAL

6 How much do you weigh now? (If it is under 100, put 0 in the first box.)

☐☐☐

Take the number in the circles and enter in the space at right, then **subtract** from the subtotal. ..... \- ____

= ____ TOTAL SCORE

- **If your score is 6 or higher, talk to your doctor about being evaluated further for osteoporosis.**
- **If your score is less than 6, you should still talk to your doctor about osteoporosis and the risk factors associated with it.**

This quiz is not a substitute for your physician's clinical judgment and consideration of any risk factors you may have.