

# Osteoporosis Medical Interview Form

Osteoporosis No

Name				Address			
Date of birth		Sex		Age at the year-end	As of March 31,2023 years old	Telephone number	*Daytime phone number

\*This medical interview form is for those who needs follow-up guidance by public health nurses or detailed examination to fill out and bring to medical institutions.

Please circle the applicable number in the following questions and explain in the (parenthesis).

**\* This is only for those who have previously had osteoporosis test.**

**[1] What was the result of previous osteoporosis test?**

( 1. No abnormality      2. Bone mass decreased      3. Had osteoporosis      9. I do not know )

**[2] Have you been subject to “lifestyle guidance” or “detailed examination” as a result of previous osteoporosis test?**

( 1. Not applicable      2. Guidance required      3. Detailed examination required      9. I do not know )

**[3] Current weight**                      kg                      **Current height**                      cm

**[4] Have you ever had bone fracture?**

( 1. No      2. Yes (region                      ) )

**[5] Has any of your family member had proximal femoral fracture (groin or hip joint)?**

( 1. No      2. Yes      9. I do not know )

**[6] Do you smoke?**

( 1. I have never smoked      2. I have previously smoked but quit      3. Currently smokin )

**[7] Do you drink? (Daily alcohol consumption)**

( 1. I do not drink      2. Sometimes (approximately mL per day)      3. Everyday (approximately mL per day)

(Rough amount)

1 glass of sake =180 mL

1 glass of wine =120 mL

1 medium glass =500 mL

**[8] Have you previously taken oral steroids?**

( 1. I have not orally taken it      2. I have previously taken it orally      3. Currently taking it orally )

**[9] Have you had rheumatoid arthritis?**

( 1. No      2. Yes )

**[10] Have you been treated for or do you currently have treatment for any of the followings?**

1. Hypertension    2. Hyperlipidemia    3. Stroke      4. Renal disease      5. Liver disease      6. Gastrointestinal disease  
7. Thyroid disease    8. Gynecological disease    9. Diabetes    10. On hemodialysis    11. Other (                      )

**[11] How often do you exercise at present?**

(1.At least 3 times a week    2. About twice a week    3. About once a week    4. Once or twice a month    5. less than once a month )

**\* This is only for women.**

**[12] Do you have a regular menstrual period?**

( 1. Almost regularly      2. Sometimes      3. I do not have it for at least a year )

**[13] Please tell us about menopause.**

1. Natural menopause    2. Only hysterectomy    3. Only bilateral oophorectomy    4. Hysterectomy or unilateral oophorectomy [at the age of years]    [at the age of years]    [at the age of years]    oophorectomy [at the age of years]  
5. Hysterectomy or bilateral oophorectomy [at the age of years]    6. Other (                      ) [at the age of years]    9. Not postmenopausal