Wrightington, Wigan and Leigh NHS
NHS Foundation Trust

PRE DEXA SCAN LIFESTYLE QUESTIONNAIRE

Patient Name:				To be filled in by Radiographer on day of scan			
				Today's date		Block height	
Date of Birth:		Ethnicity		Weight		Height	
Sex:	Male ☐	Female ☐		BMI		Scan Type	
Number of falls in last 12 months:				DAP reading		Operator Initials	

Fractures (broken bones) Since the age of 40	Year Fractured	**Cause** *(please tick)* No Injury	Trip/Fall from Standing/Sitting	Fall from Height / Major Injury

Did either of your parents ever have a hip fracture?	YES	NO
Do you smoke/vape?	YES	NO
Have you ever taken steroid tablets? If yes, when and for how long?	YES	NO
Have you been diagnosed with Rheumatoid arthritis?	YES	NO
Have you been diagnosed with secondary osteoporosis?	YES	NO
Do you drink 3 or more units of alcohol per day?	YES	NO
Have you had surgery to your spine or hips? If yes, what operation and when?	YES	NO
Are you on medication to strengthen your bones? If yes, how long have you been taking it?	YES	NO
Do you have pain in either groin or thigh?	YES	NO

1. Please list your regular medications:

2. Please list any long term medical conditions you have:

3. Have you had a bone density (DEXA) scan before? YES NO
   If yes, date and location:

If Female:

4. Age at starting menstruation (periods)?
5. Age at menopause or hysterectomy?

PLEASE BRING THIS COMPLETED QUESTIONNAIRE WITH YOU FOR YOUR APPOINTMENT