Name: Parient ID: Current Height: (in): Weight: (lb) Menopause Age: 1. Have you had a previous hip or vertebral fracture? 2. Have you had any fractures during your adult life which did not result from significant trauma (e. g., auto accident)? 3. Did either of your parents ever have a hip fracture? 4. Do you smoke? 5. Have you ever taken Glucocorticoids? 6. Do you have rheumatoid arthritis? 7. Do you have secondary osteoporosis? 8. Do you dinn's 3 or more alcoholic drinks per day? 9. Are you being treated for osteoporosis? 9. Yes ONo 9. Are you being treated for osteoporosis? 10. Have you ever taken any of the following medications:	PATIENT HISTORY QUESTIONNAIRE					
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18. How many full term pregnancies have you had?						
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(not including pregnancy or menopause)?						