



## Osteoporosis Evaluation Sheet

Choose the item in each category that best describes you, and fill in the point value for that item in the space to the right. You may choose more than one item in categories marked with an asterisk\*. When finished, add up your total score and bring to your next appointment with Dr. Kira.

### *Frame Size*

	Points	Score
Small-boned or petite	10	_____
Medium frame, very lean	5	_____
Medium frame, average or heavy build	0	_____
Large frame, very lean	5	_____
Large frame, heavy build	0	_____

### *Ethnic Background*

Caucasian	10	_____
Asian	10	_____
Other	0	_____

### *Activity Level*

How often do you walk briskly, jog, engage in aerobics/sports, or perform hard physical labour, duration of at least 30 continuous minutes?

Seldom	30	_____
1-2 times per week	20	_____
3-4 times per week	5	_____
5 or more times per week	0	_____

### *Smoking*

Smoke 10 or more cigarettes a day	20	_____
Smoke fewer than 10 cigarettes a day	10	_____
Quit smoking	5	_____
Never smoked	0	_____

### *Personal Health Factors\** (can choose more than one item in this category)

Family history of osteoporosis	20	_____
Long-term corticosteroid use	20	_____
Long-term anticonvulsant use	20	_____
Drink more than 3 glasses of alcohol each week	20	_____
Drink more than 1 cup of coffee per day	10	_____
Seldom get outside in the sunshine	10	_____

### *For women only*

Had ovaries removed	10	_____
Premature menopause	10	_____
Had no children	10	_____



**PORT MOODY**  
NATUROPATHIC CLINIC

*Dietary Factors\** (can choose more than one item in this category)

Consume more than 4oz of meat on a daily basis	20	_____
Drink soft drinks regularly	20	_____
Consume the equivalent of 3-5 servings of vegetables each day	-10	_____
Take a calcium supplement	-10	_____
Take a Vitamin D supplement	-10	_____
Consume a vegetarian diet	-10	_____
<b>Total Score</b>		_____

*Scores of 50 or more are at a greater risk of developing osteoporosis.*