CONCORD REPATRIATION GENERAL HOSPITAL

Department of Endocrinology and Metabolism

**Minimal Trauma Fracture Clinic**

**12 MONTH VISIT**

Date of visit: Investigator:

MRN: Patient Initials: DOB: \_\_ \_\_\_ \_\_\_\_\_\_

**LIFESTYLE**

* **Dietary calcium intake**

Please provide approximate quantities or frequencies and circle the appropriate option

1. How many cups of milk would you have per week? 0 2 4 6 8 10 12 14+

2. How many times would you have cereal and milk per week? 0 1 2 3 4 5 6 7+

1. How many slices of cheese do you eat per week? 0 1 2 3 4 5 6 7+
2. How many tubs of yoghurt do you eat per week? 0 1 2 3 4 5 6 7+
3. How many cups of soft drink would you drink per week? 0 2 4 6 8 10 12 14+

DR’s USE ONLY

Add the scores from questions 1-5 to give total TOTAL=

* **Alcohol intake**

How would you describe your alcohol intake over the past 6 months?

* Never drank (01)
* Former drinker (02)
* Current drinker (03)

If you are a current drinker, how many standard drinks per day would you have?

* 0-2 (01)
* 2-4 (02)
* 4-6 (03)
* 6-8 (04)
* 8+ (05)

**Smoking**

How would you describe your tobacco use over the past 6 months?

* Never smoked (01)
* Former smoker (02)
* Current smoker (03)

If you are a currently a smoker, approximately how many cigarettes would you smoke a day?

* **Fall and fractures**

Have you had any NEW falls since the last review?

* Nil (01)
* 1 (02)
* 2-4 (03)
* ≥5 (04)

Have you had any NEW fractures since the last review?

* Nil (01)
* 1 (02)
* 2-4 (03)
* ≥5 (04)
* **Physical activity (please tick one box only)**

Do you undertake regular exercise?

* Yes (01)
* No (02)

How frequently do you undertake physical exercise?

* <1/week (01)
* 1/week (02)
* 2/week (03)
* 3/week (04)
* 4/week (05)
* >4/week (06)

Over the past 6 months n average how much time would you spend walking per **day**?

* 0-15 minutes (01)
* 15-30 minutes (02)
* 30-45 minutes (03)
* 45-60 minutes (04)
* 60 + minutes (05)

Over the past 6 months on average how much time would your spend doing other aerobic exercise per **week?** (Eg swimming, cycling, jogging)

* 0-15 minutes (01)
* 15-30 minutes (02)
* 30-45 minutes (03)
* 45-60 minutes (04)
* 60 + minutes (05)

Do you currently have any condition that hinders you from exercise?

* None (01)
* Joint pain (02)
* Illness (03)
* Fracture (04)
* Other (05)

How long do you estimate your daily sunlight exposure to be?

* 0-15 minutes (01)
* 15-30 minutes (02)
* 30-45 minutes (03)
* 45-60 minutes (04)
* 60 + minutes (05)
* **Visits to the GP**

During the past 6 months approximately how frequently did you visit your GP?

* None (01)
* 1/week (02)
* 1/fortnight (03)
* 1/month (04)
* > 1/month (05)

How often was your osteoporosis discussed when visiting your GP?

* Never (01)
* rarely (02)
* sometimes (03)
* half of the time (04)
* most of the time (05)
* every time (06)

Have you had any hospital admissions in the past 6 months?

* Yes (01)
* No (02)
* **Treatment complications**

Have you experienced any adverse effects from the osteoporosis treatment?

* None (01)
* Nausea (02)
* Stomach cramps (03)
* Other (please specify)