HIP FRACTURE RISK

Assessment Questionnaire

Patient's Name

Age | **Patient I.D.**

		A	B
1	Age 80+ years	No ☐	Yes ☐
2	Maternal history of hip fracture	No ☐	Yes ☐
3	Fracture since age 50 years (except hip)	No ☐	Yes ☐
4	State of health (self assessed)	Fair ☐	Poor ☐
		Good ☐	V.Poor ☐
5	Previous hyperthyroidism	No ☐	Yes ☐
6	Current use of anticonvulsant drugs	No ☐	Yes ☐
7	Current use of long-acting benzodiazepines	No ☐	Yes ☐
8	Decrease in weight since age 25 years	No ☐	Yes ☐
9	Height at 25 years ≥ 168cm (5ft 5ins)	No ☐	Yes ☐
10	Caffeine intake ≥ 2 cups of coffee or ≥ 8 cups of tea per day	No ☐	Yes ☐
11	On feet for ≤ 4 hours per day	No ☐	Yes ☐
12	Walks for exercise	Yes ☐	No ☐
13	Able to rise from chair without using arms	Yes ☐	No ☐
14	Pulse rate ≥ 80 bpm	No ☐	Yes ☐

(Adapted from Cummings *et al*, 1995)

If patient* scores 5 or more answers in column B they have a significantly greater risk of hip fracture. (Cummings *et al*, 1995)

These patients should be considered for calcium and vitamin D supplements.

*The Cummings study was conducted in white community dwelling women, there are no data on men, nursing home residents or ethnic communities.