



**Treatments**

Have you ever taken oral Steroids?

When? .....

For what reason? ..... If so, for how long? .....

Date stopped ..... Current dose .....

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Do you take any other tablets (including supplements)?

If yes, please list .....

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**Smoking**

Have you ever smoked? For how many years? .....

Do you smoke now? How many per day? .....

**Alcohol**

How many units per week? .....

**Diet**

Do you drink milk, how much per day? .....

Do you eat yoghurt, how much per week? .....

Do you eat cheese, how much per week? .....

**Exercise**

Do you do any weight-bearing exercises eg walking, running?

How often per week? ..... For how long? .....

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**For Females only**

Have you passed the menopause? At what age? .....

Have you taken HRT? For how long? .....

Have you had a hysterectomy? If yes, date .....

Have you had your ovaries removed? If yes, date .....

Have your periods stopped for more than 6 months other than for pregnancy?