

Table 1. Questionnaire

Name and surname

Date of birth

Body weight

Body height

BMI

Menopause Yes No

Previous fracture Yes No

If “Yes” what type of fracture

Parental hip fracture Yes No

Smoker Yes No

Alcohol consumption Less than 1 unit More than 1 unit
(1 unit 0.3 dcl per day)Physical activity Less More
(walking 30 min per day)

Diabetes mellitus Yes No

Corticosteroid usage Yes No

Osteoarthritis Yes No
