

First Name: _____

Last Name: _____

Date of Birth: _____

NHS No: _____

FRAX[®] WHO Fracture Risk Assessment Tool

As part of Multifactorial Falls and Fracture Risk Assessment please complete questions below with your patient and use information to complete on-line FRAX.

Many broken bones are the result of simple injuries such as falling from a standing height. Certain risk factors are associated with these low trauma fractures. By completing the questions below, you can ask your doctor to calculate your risk (or you can do it yourself!) by visiting www.shef.ac.uk/FRAX

For more information on the risk factors and what to do with the results, please read the back of this sheet

What is your age? _____ years

How tall are you? _____ feet and _____ inches or _____ cm

How much do you weigh? _____ Stones and _____ lbs or _____ kg

Have you ever broken a bone in adult life that resulted from a low level of injury (e.g. a simple fall from standing height?) Yes No Don't know

Have either of your parents ever broken a hip following a low level of injury e.g. a fall from standing height? Yes No Don't know

Are you a current smoker? Yes No Don't know

Have you ever taken glucocorticoids (e.g. prednisolone) by tablets for more than a few weeks? Yes No Don't know

Have you ever been diagnosed with rheumatoid arthritis (not osteoarthritis)? Yes No Don't know

Have you ever had any of the conditions outlined overleaf? (Secondary osteoporosis) Yes No Don't know

On average do you drink 3 or more units each day? (1½ pints of beer or 3 glasses of wine or 2 short measures of spirits) Yes No Don't know

If the answer to any of the above is 'Don't know', enter the answer as 'No' on the website

My chance of a major osteoporotic fracture in the next 10 years is	%
--	---

My chance of a hip fracture in the next 10 years is	%
---	---

Sign:
Designation:

Print Full Name:

Date:
Time:

First Name: _____
Last Name: _____
Date of Birth: _____
NHS No: _____

FRAX[®] WHO Fracture Risk Assessment Tool

Risk Factors: For the clinical risk factors a yes or no response is asked for. If the field is left blank, then a “no” response is assumed. See also notes on risk factors The risk factors used are the following:

Age	The model accepts ages between 40 and 90 years. If ages below or above are entered, the programme will compute probabilities at 40 and 90 year, respectively
Sex	Male or female. Enter as appropriate
Weight	This should be entered in kg
Height	This should be entered in cm
Previous fracture	A previous fracture denotes more accurately a previous fracture in adult life occurring spontaneously, or a fracture arising from trauma which, in a healthy individual, would not have resulted in a fracture. Enter yes or no (see also notes on risk factors)
Parent fractured hip	This enquires for a history of hip fracture in the patients mother or father. Enter yes or no.
Current smoking	Enter yes or no depending on whether the patient currently smokes tobacco (see also notes on risk factors)
Glucocorticoids	Enter yes if the patient is currently exposed to oral glucocorticoids or has been exposed to oral glucocorticoids for more than 3 months at a dose of prednisolone of 5mg daily or more (or equivalent doses of other glucocorticoids) (see also notes on risk factors).
Rheumatoid arthritis	Enter yes where the patient has a confirmed diagnosis of rheumatoid arthritis. Otherwise enter no (see also notes on risk factors).
Secondary osteoporosis	Enter yes if the patient has a disorder strongly associated with osteoporosis. These include type I (insulin dependent) diabetes, osteogenesis imperfecta in adults, untreated long-standing hyperthyroidism, hypogonadism or premature menopause (<45 years), chronic malnutrition, or malabsorption and chronic liver disease
Alcohol 3 or more units/day	Enter yes if the patient takes 3 or more units of alcohol daily. A unit of alcohol varies slightly in different countries from 8-10g of alcohol. This is equivalent to a standard glass of beer (285ml), a single measure of spirits (30ml), a medium-sized glass of wine (120ml), or 1 measure of an aperitif (60ml) (see also notes on risk factors).
Bone mineral density (BMD)	(BMD) Please select the make of DXA scanning equipment used and then enter the actual femoral neck BMD (in g/cm ²). Alternatively, enter the T-score based on the NHANES III female reference data. In patients without a BMD test, the field should be left blank (see also notes on risk factors) (provided by Oregon Osteoporosis Center).

Notes on risk factors

Previous fracture	A special situation pertains to a prior history of vertebral fracture. A fracture detected as a radiographic observation alone (a morphometric vertebral fracture) counts as a previous fracture. A prior clinical vertebral fracture or a hip fracture is an especially strong risk factor. The probability of fracture computed may therefore be underestimated. Fracture probability is also underestimated with multiple fractures.
Smoking, alcohol, glucocorticoids	These risk factors appear to have a dose-dependent effect, i.e. the higher the exposure, the greater the risk. This is not taken into account and the computations assume average exposure. Clinical judgment should be used for low or high exposures.
Rheumatoid arthritis (RA)	RA is a risk factor for fracture. However, osteoarthritis is, if anything, protective. For this reason reliance should not be placed on a patient's report of 'arthritis' unless there is clinical or laboratory evidence to support the diagnosis.
Bone mineral density (BMD)	The site and reference technology is DXA at the femoral neck. T-scores are based on the NHANES reference values for women aged 20-29 years. The same absolute values are used in men.

Sign:

Print Full Name:

Date:

Designation:

Time: