

Bone Density and Fat (DXA) Scan Substudy Form Version 2

PID: 0	Acrostic: 0	Visit:
Completed: d_form	Date Form	Administration Type: admin
Reviewed by: compby	Language: language	

Bone Density and Fat (DXA) Scan Substudy

1. **bdperf** value="1" 1. Scan was performed on **bdd_scan** (Month/Day/Year)

Is this a repeat scan?

bdrepeat

1 Yes
 2 No

Reason:

bdqa value="1" Requested by QA Center

bdeb11 value="1" Excessive bone loss

bdother value="1" Other, specify: **bdoth**er_sp

bdnotperf value="1" 2. Scan was not performed → Why not? **bdreason**

1 Equipment problem
 2 Staff not available
 3 Scheduling difficulty
 4 Weight limit exceeded
 5 Participant refused scan
 6 Other, specify

Specify: **bdreas1_sp**

If scan was not performed, END OF FORM

2. Do you have any metal objects in your body, such as a pacemaker, staples, screws, plates, etc.?

bdmetal

1 Yes
 2 No

If yes, indicate location:

Sub	Hardware	Other artifacts
Head	1. bdhead1 value="1" <input type="checkbox"/>	2. bdhead2 value="1" <input type="checkbox"/>
Left arm	1. bdlarm1 value="1" <input type="checkbox"/>	2. bdlarm2 value="1" <input type="checkbox"/>
Right arm	1. bdrarm1 value="1" <input type="checkbox"/>	2. bdrarm2 value="1" <input type="checkbox"/>
Left ribs	1. bdlribs1 value="1" <input type="checkbox"/>	2. bdlribs2 value="1" <input type="checkbox"/>
Right ribs	1. bdrribs1 value="1" <input type="checkbox"/>	2. bdrribs2 value="1" <input type="checkbox"/>
Thoracic spine	1. bdtspn1 value="1" <input type="checkbox"/>	2. bdtspn2 value="1" <input type="checkbox"/>
Lumbar spine	1. bdlspn1 value="1" <input type="checkbox"/>	2. bdlspn2 value="1" <input type="checkbox"/>
Pelvis	1. bdpelv1 value="1" <input type="checkbox"/>	2. bdpelv2 value="1" <input type="checkbox"/>
Left leg	1. bdlleg1 value="1" <input type="checkbox"/>	2. bdlleg2 value="1" <input type="checkbox"/>
Right leg	1. bdrleg1 value="1" <input type="checkbox"/>	2. bdrleg2 value="1" <input type="checkbox"/>

Bone Density and Fat (DXA) Scan Substudy

3. Was a whole body scan performed?

bdwbscan

- 1 Yes
- 2 No

If yes, Last 2 characters of scan id: **bdsnid1**

If no, Reason **bdreas2_sp**

4. Was a hip scan performed?

bdhpscan

- 1 Yes
- 2 No

If yes, Last 2 characters of scan id: **bdhpscnid**

If no, Reason

bdhpreas

- 1 Metal in hip
- 2 Severe degenerative disease
- 3 Other, specify

Specify: **bdhprs_sp**

5. Was a spine scan performed?

bdspnscan

- 1 Yes
- 2 No

If yes, last 2 characters of scan id: **bdspscnid**

If no, reason

bdspreas

- 1 Metal in spine
- 2 Severe degenerative disease
- 3 Other, specify

Specify: **bdsprs_sp**

6. Were the scans reviewed for EBL in the Spine and Hip?

bdeb12

- 1 Yes
- 2 No

Technician ID: **bdtechid**

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Bone Density and Fat (DXA) Scan Substudy

3. Was a whole body scan performed?

1 Yes →

Last 2 characters of scan ID#

2 No →

Reason:

4. Was a hip scan performed?

1 Yes →

Last 2 characters of scan ID#

2 No →

Reason:

1 Metal in hip

2 Severe degenerative disease

3 Other, specify

5. Was a spine scan performed?

1 Yes →

Last 2 characters of scan ID#

2 No →

Reason:

1 Metal in spine

2 Severe degenerative disease

3 Other, specify

To be completed at the 12 month and 48 month visit:

**BEFORE THE PARTICIPANT LEAVES THE CLINIC, review the spine and hip scans and determine the percent change in BMD for this visit. If bone loss has occurred, RESCAN the participant if:
Bone loss is >10% ACTUAL loss in Total BMD at 12 month Visit
>12% ACTUAL loss in Total BMD at 48 month Visit**

6. Were the scans reviewed for EBL in the Spine and Hip?

1 Yes 2 No

See MOP Chapter 17 for Excessive Bone Loss (EBL) procedures.

Technician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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