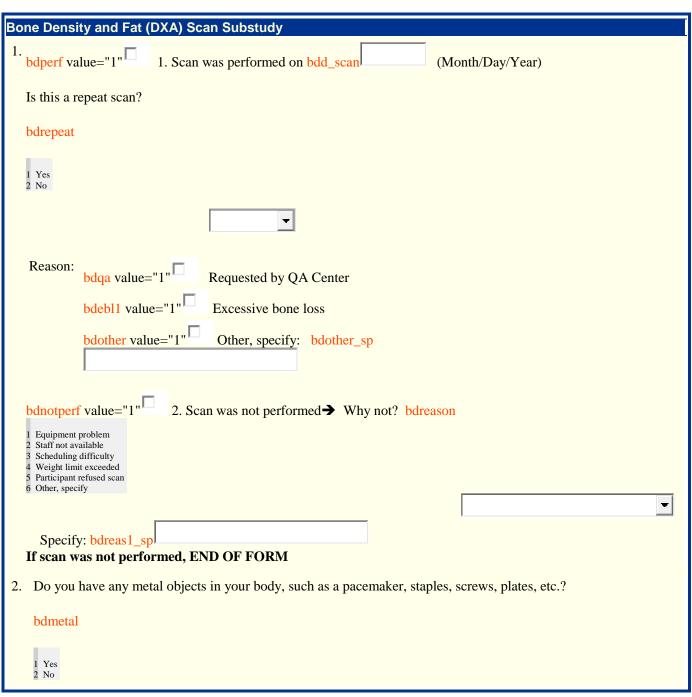
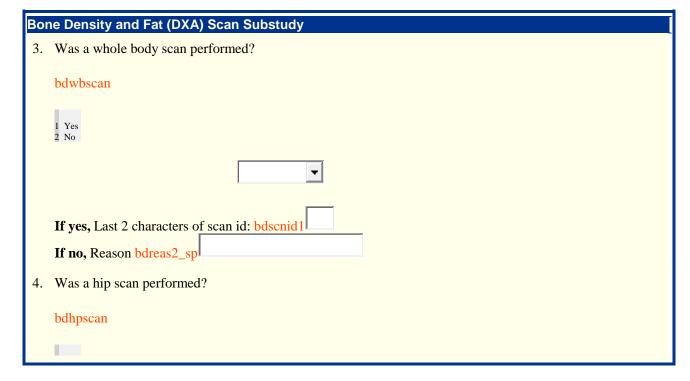
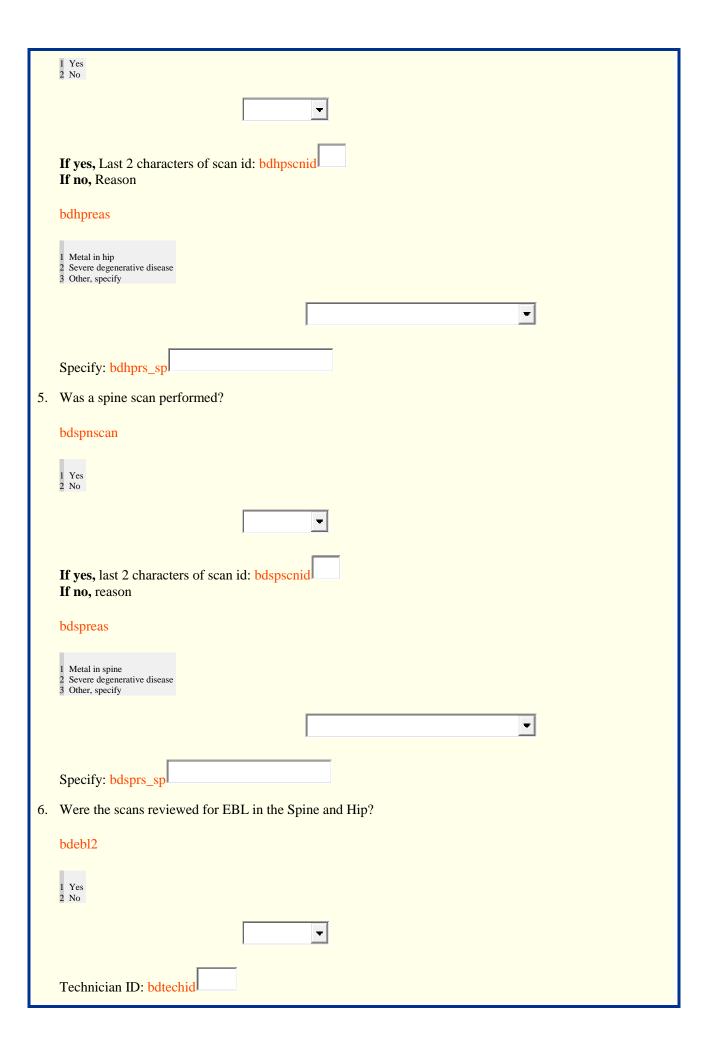
Bone Density and Fat (DXA) Scan Substudy Form Version 2





			•
If yes, indicate location:	Sub	Hardware	Other artifacts
	Head	1. bdhead1 value="1"	2. bdhead2 value="1"
	Left arm	1. bdlarm1 value="1"	2. bdlarm2 value="1"
	Right arm	1. bdrarm1 value="1"	2. bdrarm2 value="1"
	Left ribs	1. bdlribs1 value="1"	2. bdlribs2 value="1"
	Right ribs	1. bdrribs1 value="1"	2. bdrribs2 value="1"
	Thoracic spine	1. bdtspn1 value="1"	2. bdtspn2 value="1"
	Lumbar spine	1. bdlspn1 value="1"	2. bdlspn2 value="1"
	Pelvis	1. bdpelv1 value="1"	2. bdpelv2 value="1"
	Left leg	1. bdlleg1 value="1"	2. bdlleg2 value="1"
	Right leg	1. bdrleg1 value="1"	2. bdrleg2 value="1"





BONE DENSITY AND FAT (DXA) SCAN SUBSTUDY

Patient II	0		[affix IL	label here]		Date Form Completed	Month /	Day Year		
Administ	ration T	уре	Vis	sit Code	R	eviewed by		Language E		
Bone Density and Fat (DXA) Scan Substudy										
1. ₁ □Scan was performed on										
Month Day Year										
Is this a repeat scan?			Reason: ☐Requested by QA Center							
· —	₁ □ Yes → ₂ □ No			□Excessive bone loss						
				□Other (Specify):						
₃	an was	not per	formed →	Why not?	Why not?					
				₁ □Equipment problem						
				₂						
				₃ ☐ Scheduling of	₃					
					₄					
					₅					
				₆ □Other, specify						
				END OF FORM						
2. Do you	have a	ny met	tal objects i	n your body, sucl	n as a pace	maker, stapl	es, screws,	plates, etc.?		
₁□Yes	s → [a	a. Fla	Flag scan for review by DXA Reading Center.							
₂ □ No	k	arti Exa pac	Indicate in the table the location of joint replacement, hardware or other artifacts (sub regions are those defined by the whole body scan analysis.) Examples of artifacts are left breast implant in left ribs, heart valve or left pacemaker in left ribs, sternum staples in thoracic spine, left hip replacement in pelvis and left leg.							
		Sul	b	Hardware	Other A	rtifacts				
		Hea		1 🗆	2					
			t arm	1 🔲	2					
		•	ht arm	1 🗆	2					
			t ribs	1 🔲	2					
		•	ht ribs	1 🗆	2					
			oracic spine		2					
			mbar spine	1 🗆	2					
		Pel		1 🗆	2					
			t leg	1 🗆	2					
		Rig	ht leg	1 🗆	2					

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 s	can 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	e scan performed?						
	₁ □Yes →	Last 2 characters of scan ID#						
	2 □No →	Reason:						
		₁ ☐ Metal in spine						
		₂ ☐ Severe degenerative disease						
		₃ ☐ Other, specify						
То	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? □Yes 2 □No 							
See MOP Chapter 17 for Excessive Bone Loss (EBL) procedures.								
Technician ID								