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

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

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

bdebl1 value="1" Excessive bone loss

bdoth value="1" Other, specify: **bdoth_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"	2. bdhead2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Left arm	1. bdlarm1 value="1"	2. bdlarm2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Right arm	1. bdrarm1 value="1"	2. bdrarm2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Left ribs	1. bdlribs1 value="1"	2. bdlribs2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Right ribs	1. bdribs1 value="1"	2. bdribs2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic spine	1. bdtspn1 value="1"	2. bdtspn2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar spine	1. bdlspn1 value="1"	2. bdlspn2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis	1. bdpelv1 value="1"	2. bdpelv2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Left leg	1. bdlleg1 value="1"	2. bdlleg2 value="1"
	<input type="checkbox"/>	<input type="checkbox"/>
Right leg	1. bdrleg1 value="1"	2. bdrleg2 value="1"
	<input type="checkbox"/>	<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: **bdscnid1** _____

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?

bdebl2

- 1 Yes
- 2 No

Technician ID: **bdtechid**

<<< READ ONLY >>>