

---

<b>FORM:</b>	<b>87 - BONE DENSITY SCAN</b>
<b>Version:</b>	2 - December 1, 1994
<b>Description:</b>	Completed by centrally-certified Clinical Center (CC) staff; 1-page form; key-entered at CC.
<b>When used:</b>	During screening, specified annual visits and if the participant must return to repeat a portion of a regularly-scheduled bone density scan at three bone density sites.
<b>Purpose:</b>	To document the performance and completion of bone densitometry.

---

### GENERAL INSTRUCTIONS

1. Include a form in the screening and appropriate annual visit participant packets.
2. At the time of the scan, affix the participant barcode label to the form.
3. Complete Items 1 - 4.
4. Complete the CHECKLIST portion of the form by asking the participant Questions 5 - 7 about previous fractures and tests. These questions serve as a checklist to tell you if you should proceed with the scan. They are not key-entered.

If the participant has had a hip replacement on both sides, do not do the bone scan.

If the participant has had any of the tests listed in Item 7, consult with your CC physician. You may need to reschedule the bone density scan.

5. Refer to *Vol. 6 - DXA Quality Assurance* for detailed procedures on performing the bone densitometry.
6. After completing the scan, mark Items 8.1., 8.2., and 8.3. as yes or no, indicating which bone densitometry measurements you completed during this visit. If this is a rescan to supplement/override a prior bone scan, please complete only those items which correspond to the current bone scan performed this day. Write in the bone scan numbers for the current bone scan in Items 8.1.1., 8.2.1., and 8.3.1. as appropriate. If this current bone scan is to be compared to a prior bone scan, please write in the appropriate comparison bone scan numbers in Items 8.1.2., 8.2.2., and 8.3.2. If this current scan is the baseline bone density scan of the hip portion, please write in the Femoral Neck BMD in Item 8.1.3.
7. Review the form for completeness.
8. Attach Bone Scan to the form and insert it in the participant's file and forward to Data Entry.
9. Data Entry: Review form for completeness and return to responsible clinical staff with any problems or questions. Key-enter after you resolve any problems. Initial the front page after key-entry.
10. File the key-entered form in the participant's file.

### Item Instructions

- |        |   |  |
|--------|---|--|
| 1.     | Date of scan                            | Date you performed the bone densitometry scan.   |
| 2.     | Performed by                            | Standard 3-digit WHI employee ID. (See common data items.)   |
| 3.     | Contact type                            | Mark appropriate box. (See common data items.)   |
| 4.     | Visit type                              | Contact at which you perform the bone densitometry. Mark appropriate box. Provide visit number as appropriate. If this is a scan that will supplement/override a portion of a previous visit's bone scan, please mark the Visit Type the same as the original Visit Type. (See common data items.) |
| 5.     | Fracture or replacement                 | No/Yes. Ask the participant the question in bold and indicate if she has had a femur or hip fracture. If the answer is yes to either type of fracture, indicate which side. If the participant has had a hip replacement on both sides, do not do the scan.<br><br>Data Entry: Do not key-enter.   |
| 6.     | Metal objects                           | No/Yes. Ask the participant if she has any metal objects in the area of her abdomen.<br><br>Data Entry: Do not key-enter.  |
| 7.     | Tests in the past ten days              | No/Yes. Ask the participant if she has had any of the listed tests in the past ten days. Mark "No" or "Yes" for each test.<br><br>Data Entry: Do not key-enter.  |
| 8.     | Bone densitometry measurement completed | Bone densitometry may need to be rescheduled or certain scans deferred if answers to Items 5 - 7 are "Yes."  |
| 8.1.   | Hip                                     | No/Yes.  |
| 8.1.1. | Current Bone Scan Number                | Enter the bone scan number for the hip portion of the current scan.  |
| 8.1.2. | Comparison Bone Scan Number             | If necessary, enter the bone scan number of the scan used to compare for bone loss in the hip.   |

- 8.1.3. At screening: Baseline Femoral Neck BMD If this is the baseline screening visit, enter the Femoral Neck BMD. At bone density sites, women should be excluded who have a baseline femoral neck bone mineral density (BMD) greater than 3.0 standard deviations below the age-specific mean.

<b>Femoral neck Bone Mineral Density Exclusion Level by Age</b>					
Age	Exclude if BMD below	Age	Exclude if BMD below	Age	Exclude if BMD below
50	0.497	60	0.433	70	0.367
51	0.491	61	0.427	71	0.361
52	0.484	62	0.420	72	0.355
53	0.478	63	0.414	73	0.348
54	0.472	64	0.407	74	0.342
55	0.466	65	0.400	75	0.336
56	0.460	66	0.394	76	0.330
57	0.453	67	0.387	77	0.324
58	0.447	68	0.380	78	0.318
59	0.440	69	0.374	79	0.312

- 8.2. Spine No/Yes.
- 8.2.1. Current Bone Scan Number Enter the bone scan number for the spine portion of the current scan.
- 8.2.2. Comparison Bone Scan Number If necessary, enter the bone scan number of the scan used to compare for bone loss in the spine.
- 8.3. Total body No/Yes.
- 8.3.1. Current Bone Scan Number Enter the bone scan number for the total body portion of the current scan.
- 8.3.2. Comparison Bone Scan Number If necessary, enter the bone scan number of the scan used to compare for bone loss in the total body.