

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA DEXA - Ver. 1.0**Section Title: DEXA Screening****Instructions:**

Date Completed

☐ Blank

Tester ID

DEXA SCREENINGDoes the participant's weight
exceed 350 lbs?☐ Yes ☐ NoClick to deselect entry **If Yes, do not scan.**Does the participant's height
exceed 78 in. (6ft 6in)?☐ Yes ☐ NoClick to deselect entry **If Yes, do not scan total body.**Have you had any of the following tests within the past ten days? **Reschedule if Yes to any.**

Barrium enema

☐ Yes ☐ No

Click to deselect entry

Upper GI series

☐ Yes ☐ No

Click to deselect entry

Lower GI series

☐ Yes ☐ No

Click to deselect entry

Nuclear medicine scan

☐ Yes ☐ No

Click to deselect entry

Other tests using contrast or
radioactive materials☐ Yes ☐ No

Click to deselect entry

Have you ever had hip replacement surgery where all or part of your joint was replaced?

☐ Yes ☐ No ☐ Don't know ☐ Refused [Click to deselect entry](#)

On which side did you have hip replacement surgery?

☐ Right ☐ Left ☐ Both

[Click to deselect entry](#) **If Yes** - [Right](#) (do not scan R hip) - [Left](#) (do not scan L hip) - [Both](#) (Skip to Spine Scan)

Core Body Temperature

☐ Yes ☐ No ☐ Don't know [Click to deselect entry](#)

Do you have any metal objects, pacemaker, staples, screws, plates, etc?

☐ Yes ☐ No ☐ Don't know ☐ Refused [Click to deselect entry](#)

If Yes, Complete sub-region screening

Head

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Left arm

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Right arm

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Left ribs

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Right ribs

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Thoracic spine

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Lumbar spine

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Pelvis

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Left leg

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Right leg

☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: DEXA Checklist

Instructions:

DEXA TECHNICIAN CHECKLIST

DEXA Technician ID

Date Completed

FEMUR

Was femur scanned?

☐ Yes☐ No - Physical problems☐ No - Cognitive problems☐ No - Refused☐ No - Technical problems

Lesser trochanter minimized?

☐ Yes☐ No

Click to deselect entry

Femur vertical?

☐ Yes☐ No

Click to deselect entry

SPINE

Was spine scanned?

☐ Yes☐ No - Physical problems☐ No - Cognitive problems☐ No - Refused☐ No - Technical problems

Four or more vertebrae visible? ☐ Yes ☐ No [Click to deselect entry](#)

Iliac crests visible? ☐ Yes ☐ No [Click to deselect entry](#)

TOTAL BODY

Was total body scanned? ☐ Yes
☐ No - Physical problems
☐ No - Cognitive problems
☐ No - Refused
☐ No - Technical problems

Both upper and lower limbs in view? ☐ Yes ☐ No [Click to deselect entry](#)

Total body fields appropriately placed? ☐ Yes ☐ No [Click to deselect entry](#)

DEXA READER CHECKLIST

Tester ID

Lesser trochanter minimized? ☐ Yes ☐ No [Click to deselect entry](#)

Femur vertical? ☐ Yes ☐ No [Click to deselect entry](#)

Head ☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Left arm ☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Right arm ☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Left ribs ☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Right ribs ☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

Pelvis ☐ Hardware ☐ Other Artifacts ☐ None [Click to deselect entry](#)

| | | |
|-----------------------------------|---|--------------------------------------|
| Left hip | <input type="radio"/> Hardware <input type="radio"/> Other Artifacts <input type="radio"/> None | Click to deselect entry |
| Left leg | <input type="radio"/> Hardware <input type="radio"/> Other Artifacts <input type="radio"/> None | Click to deselect entry |
| Right hip | <input type="radio"/> Hardware <input type="radio"/> Other Artifacts <input type="radio"/> None | Click to deselect entry |
| Right leg | <input type="radio"/> Hardware <input type="radio"/> Other Artifacts <input type="radio"/> None | Click to deselect entry |
| Thoracic spine | <input type="radio"/> Hardware <input type="radio"/> Other Artifacts <input type="radio"/> None | Click to deselect entry |
| Lumbar spine | <input type="radio"/> Hardware <input type="radio"/> Other Artifacts <input type="radio"/> None | Click to deselect entry |
| Check if any: possible or evident | <input type="checkbox"/> Osteophyte | <input type="checkbox"/> Compression |
| | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Kyphosis |

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: DEXA Screening

Instructions: