



Enrollment Form

Office Use Only--
MrOS ID#

ID					
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Acrostic

ACROST

Staff ID#

STAFF



① Did the participant return the ONJ Supplemental Questionnaire?

Yes No *ONWILL*



Why not?

- 1 Not interested/Too busy
- 2 Health Problems
- 3 Out of Area
- 4 Too many contacts from study
- 5 Caregiver responsibilities
- 6 Was not able to contact
- 7 Other

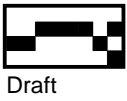
ONWHYN

② Date Questionnaire Returned to Clinic:

		<i>ONDATE</i>	/				
Month		Day		Year			

<i>ONAGE2</i>





Oral Health



The following 5 questions are about the health of your mouth, teeth and gums.

1 How often do you usually see a dentist or dental hygienist for dental care?

- 1 More than two times a year
- 2 Twice a year
- 3 Once a year
- 4 Every 1-2 years
- 5 Every 3-5 years
- 6 As needed or when I have a problem

ONDENTIS

2 How many of your adult teeth, not including your wisdom teeth, have been removed? If the only teeth you have had removed are your wisdom teeth, please check 'None'.

- 0 None
- 1 1-5
- 2 6 or more, but not all teeth
- 3 All of my teeth have been removed

ONREMOVE



a. How old were you when your last tooth was removed? years old

ONREAGE

b. How often do you wear dentures? Most of the time Occasionally Never

ONDENT

3 During the last 5 years, have you had any of the following conditions in your mouth?

a. A sore, ulcer, abscess, pimple or wound in <u>your mouth</u> that took <u>more than 14 days</u> to heal?	<input type="radio"/> Yes → <input type="radio"/> No	If yes, did you have the sore treated by a dentist?	<input type="radio"/> Yes <input type="radio"/> No
ONSORE		ONSORET	
b. An open sore in your mouth that exposed some of your <u>jaw or mouth bone</u> ? This type of sore is usually painful and may have been called osteonecrosis.	<input type="radio"/> Yes → <input type="radio"/> No	If yes, did you have the sore treated by a dentist?	<input type="radio"/> Yes <input type="radio"/> No
ONBONE		ONBONET	
c. Unexplained or persistent <u>mouth pain</u> that lasted for <u>more than 14 continuous days</u> .	<input type="radio"/> Yes → <input type="radio"/> No	If yes, did you have the pain treated by a dentist?	<input type="radio"/> Yes <input type="radio"/> No
ONPAIN		ONPAINT	
d. Been unable to wear your removable partial or denture because of ongoing sores underneath it?	<input checked="" type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> Do not wear dentures	If yes, did you have the sore(s) treated by a dentist?	<input type="radio"/> Yes <input type="radio"/> No
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4 During the last 5 years, have you had any of the following dental procedures?

- A permanent (adult) tooth pulled or extracted.
- A root canal or surgery on the end of the root.
- A dental implant surgically placed in your upper or lower jaw bone.
- Periodontal (gum) surgery.
- Oral surgery.

Yes No *ONANYPRO*



a. If yes to any of the above, did you have any unusual problems following the procedure such as exposed bone, persistent pain, infection or an abscess that lasted for more than 14 days? Yes No *ONUNPRO*



b. Did you have the problem treated by a dentist? Yes No

ONUNPROT

5 Have you ever had a dental implant surgically placed in your upper or lower jaw bone?

Yes No *ONIMPLA*



ONIMPLAR

Have you ever had one of your surgically placed dental implants removed? Yes No

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ONFOLLO*

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Medication Use

Mr. OS

6 Please refer to the following list of medications used to treat/prevent osteoporosis or bone loss. For each medication please tell us if you have never taken it, taken it in the past but not currently, or are currently taking it.

a. Actonel (risedronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
b. Boniva (ibandronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
c. Didronel (etidronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
d. Fosamax (alendronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
e. Fosamax Plus D (alendronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
f. Skelid (tiludronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
g. Aredia (pamidronate)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know
h. Zometa (zoledronic acid)	<input type="radio"/> No, have never taken	<input type="radio"/> Yes, taken <u>in the past</u> but not currently	<input type="radio"/> Yes, currently taking	<input type="radio"/> Don't Know

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Cancer Treatment

Mr. OS

7 During the last 5 years, have you been TREATED for any type of cancer?

Yes No



ONCANCER

a. Which of the following types of cancer were you treated for?

- Prostate Yes No ONPROST
- Multiple Myeloma Yes No ONMYELOM
- Lung or Bronchus Yes No ONLUNG
- Colon (bowel) or Rectum Yes No ONCOLON
- Urinary or Bladder Yes No ONURIN
- Non-Hodgkin Lymphoma Yes No ONLYMPH
- Skin cancer (basal or squamous cell) Yes No ONSKIN
- Melanomas of the Skin Yes No ONMELANO
- Other: List type _____ Yes No ONOTHCA

b. During your cancer treatment, did you ever receive intravenous (IV) medications or drugs?

Yes No Not Sure / Don't Know ONIV



c. During your cancer treatment, did you ever receive an intravenous (IV) medication specifically for your bones? For example, bone pain or bone metastasis. Drugs used may have included Aredia, Bonefos and Zometa.

Yes No Not Sure / Don't Know ONIVBONE

d. During your cancer treatment, did you ever receive an intravenous (IV) medication specifically for increased blood calcium levels? Drugs used may have included Aredia, Bonefos and Zometa.

Yes No Not Sure / Don't Know ONIVCALC

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