



**DXA**  
**Bone Density Form**

Office Use Only

SOF ID#

Acrostic

Staff ID#

--	--	--	--	--

--	--	--	--

--	--	--



① Which hip was most recently scanned as indicated on list provided?

- Right     Left     Missing

② Which hip was scanned at this visit?

- Right     Left     Neither



**Record reason:** **V8QDRRSN**

- Refused radiation     Bilateral hip replacement  
 Unable to lie on table     Other  
 Home visit

Describe: \_\_\_\_\_

a. Is the side scanned at this visit different than the side most recently scanned?

- Yes     No



**Record reason:** **V8HIPDIF**

- Fracture     Hip replacement     Other

Describe: \_\_\_\_\_

b. Date of scan:

--	--

/

--	--

/

--	--	--	--

Month

Day

Year

c. Last 2 characters of scan ID #:

--	--

d. Temperature of room during scan:

--	--

degrees Celsius

Draft





# Visit 8 Checklist

Office Use Only											
SOF ID#				Acrostic				Staff ID#			

## CLINIC USE ONLY

Clinic visit date:

		/			/				
Month			Day			Year			

Type of visit:

- Clinic visit  
  Home visit  
  SAQ Only  
 **V8TYPE**

Source of information for SAQ:

- Participant  
  Other (relative, friend, staff)  
  Both (participant and other)

**V8SOURC**

## Measures Completed

- Spine X-ray
- Hip BMD
- Height, Weight, & Pulse
- SAQ
- Actigraphy
- Medications (MIF)
- Cognitive Tests
- Functional Status
- Chair Stand
- Grip Strength
- Six Meter Walk
- Functional Vision
- Functional Outcomes of Sleep

