

RHEUMATOLOGY OUTPATIENT CLINIC · NAIROBI · 2026

Bone Health & Osteoporosis Screening

This is a self-assessment for bone health for early detection of bone fracture risk factors. This is not a diagnostic tool.

Please answer all questions honestly. This form takes approximately 3–5 minutes to complete. Your responses assist you and your clinician in identifying risk — they do not replace a full clinical assessment.

SECTION 1 DEMOGRAPHICS & RISK FACTORS

1 What is your age?

- ☐ Under 40
- ☐ 40–49
- ☐ 50–59
- ☐ 60–69
- ☐ 70 and above

2 What is your biological sex?

- ☐ Male
- ☐ Female

3 What is your menopausal status? (If female)

- ☐ Not applicable / Male
- ☐ Pre-menopausal
- ☐ Post-menopausal (< 5 years)
- ☐ Post-menopausal (≥ 5 years)

4 Have you ever been diagnosed with osteoporosis or osteopenia?

SECTION 2 FAMILY & PERSONAL HISTORY

5 Do you have a parent or sibling who has been diagnosed with osteoporosis?

6 Have you ever had a fracture from a minor fall or bump (fragility fracture)?

7 Have you lost more than 3 cm (about 1 inch) in height over the years?

8 Have you been diagnosed with any of the following? (Tick all that apply)

- ☐ Autoimmune disease E.g. Rheumatoid arthritis
- ☐ Inflammatory bowel disease
- ☐ Malabsorption / coeliac disease
- ☐ Chronic kidney or liver disease
- ☐ Hyperthyroidism / Hyperparathyroidism
- ☐ None of the above

SECTION 3 MEDICATIONS & LIFESTYLE

9 Have you used corticosteroids (e.g., prednisolone, dexamethasone) for more than 3 months?

10 Are you currently taking any of the following? (Tick all that apply)

	☐ Aromatase inhibitors (for breast cancer) ☐ Androgen deprivation therapy (for prostate cancer) ☐ Anti-epileptic drugs ☐ Proton pump inhibitors (long-term) ☐ None of the above
11	How would you describe your level of physical activity? ☐ Regular weight-bearing exercise ($\geq 3\times/\text{week}$) ☐ Moderate activity ($1-2\times/\text{week}$) ☐ Mostly sedentary
12	How much sun exposure do you typically get? ☐ Daily outdoor exposure ☐ Occasional outdoor exposure ☐ Rarely outdoors / covered clothing most of the time
13	Do you smoke cigarettes currently or have you smoked in the past? ☐ Never ☐ Former smoker ☐ Current smoker
14	How much alcohol do you typically consume? ☐ None or minimal (< 2 units/day) ☐ Moderate ($2-3$ units/day) ☐ Heavy (> 3 units/day)

SECTION 4 SYMPTOMS

15	Do you experience persistent back or neck pain with no clear injury?
16	Have you noticed a stooped or hunched posture developing over time?
17	Do you experience muscle weakness or frequent falls?

Risk Stratification Guide

Risk Level	Score Range	Recommended Action	Referral
Low	0 – 4	Lifestyle advice: calcium-rich diet, vitamin D, weight-bearing exercise. Reassess in 2–3 years.	Not required
Moderate	5 – 10	See your Doctor who might request a DEXA scan for you, assess your vitamin D & calcium levels.	Consider
High	≥ 11	See a Doctor who will request a DEXA scan for you, evaluate any secondary causes and prescribe appropriate medication	Yes — Urgent

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Arthritis & Inflammatory Joint Disease Screening

This is a self-assessment for early identification of arthritis and inflammation based joint conditions

Please answer all questions as accurately as possible. If a question does not apply to you, select the closest answer or leave it blank. Your responses help your clinician prioritise your care.

SECTION 1 JOINT SYMPTOMS

1 Do you experience pain, swelling, or stiffness in your joints?

2 How long does morning stiffness typically last?

- ☐ No morning stiffness
- ☐ Less than 15 minutes
- ☐ 15–30 minutes
- ☐ 30–60 minutes
- ☐ More than 1 hour

3 How many joints are currently affected?

- ☐ None
- ☐ 1–2 joints
- ☐ 3–5 joints
- ☐ 6 or more joints

4 Which joints are most affected? (Tick all that apply)

- ☐ Small joints of hands / feet
- ☐ Wrists
- ☐ Knees
- ☐ Hips
- ☐ Spine / lower back
- ☐ Ankles
- ☐ Shoulders / elbows

5 Is joint involvement symmetric (same joints on both sides of the body)?

6 Does your joint pain improve with rest or with movement?

- ☐ Improves with rest (worse with activity)
- ☐ Improves with movement (worse at rest / morning)
- ☐ No clear pattern

SECTION 2 ASSOCIATED FEATURES

7 Have you noticed any skin rash, particularly on the face or over the joints?

8 Do you have psoriasis or a family history of psoriasis?

9 Do you experience eye redness, pain, or sensitivity to light?

10 Have you had mouth ulcers, hair loss, or sun-sensitive skin rashes?

11 Do you experience low back pain or buttock pain that is worse in the morning or at rest?

12 Have you had significant fatigue, unexplained fever, or unintentional weight loss recently?

SECTION 3 HISTORY & RISK FACTORS

13 How long have you been experiencing joint symptoms?

- ☐ Less than 6 weeks
- ☐ 6 weeks to 3 months
- ☐ 3–6 months
- ☐ More than 6 months

14 Do you have a first-degree relative diagnosed with rheumatoid arthritis or another autoimmune disease?

15 Have you ever been diagnosed with an autoimmune disease?

- ☐ No
- ☐ Thyroid disease
- ☐ Type 1 diabetes
- ☐ Lupus / Sjogren's / other connective tissue disease

16 Have joint symptoms followed a recent infection, diarrhoea, or urinary tract infection?

17 What is your age?

- ☐ Under 16
- ☐ 16–35
- ☐ 36–55
- ☐ 56–70
- ☐ Over 70

SECTION 4 FUNCTIONAL IMPACT

18 How much does joint pain affect your daily activities?

- ☐ Not at all
- ☐ Mildly — I manage most activities
- ☐ Moderately — I struggle with some tasks
- ☐ Severely — I need help with daily tasks

19 Have your symptoms caused you to miss work or school in the past month?

20 Have you tried any medications for joint pain? (Tick all that apply)

- ☐ Paracetamol / panadol
- ☐ NSAIDs (ibuprofen, diclofenac, naproxen)
- ☐ Steroids (prednisolone or injections)
- ☐ DMARDs (methotrexate, hydroxychloroquine)
- ☐ None

Your Risk Stratification Guide

Risk Level	Score Range	Recommended Action	Referral
Low	0 – 5	Let your Doctor review you if persistent > 6 weeks.	Not required
Moderate	6 – 12	Possible early inflammatory arthritis. Your doctor will order relevant tests and refer you, if needed, for early Rheumatologist review.	Consider
High	≥ 13	High probability of inflammatory / autoimmune arthritis. You need to see a Rheumatologist	Yes — Urgent

