1. Model Scanner Used:

[ ]  GE Lunar Prodigy [ ] GE Lunar iDXA [ ] Hologic QDR 4500A [ ] Hologic Delphi QDR [ ] Other:

1. Beam Technique: [ ] Pencil [ ] Fan
2. Body part scanned:

[ ] Hip

[ ] Lumbar Spine

[ ] Proximal Femur

[ ] Distal Femur

[ ] Whole body

[ ] Distal forearm

1. Current Corticosteriod use: [ ] Yes [ ] No
2. Past Corticosteriod use: [ ] Yes [ ] No

Table DXA: Whole Body Imaging/Body Composition

| DXA Date Performed (yyyy-mm-dd) | Age of patient  | WB Total Lean | WB Total Fat | WB BMC | WB BMD | ALST | R Arm Lean | L Arm Lean | R Leg Lean | L Leg Lean |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Data to be entered by site | [derived field] | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site | Data to be entered by site |

## General Instructions

This form contains data elements that are collected to measure DEXA lean muscle mass. Regional lean muscle mass should also be collected. Responses to categories are obtained from health professionals performing the procedure.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* DXA Date Performed – The preferred format for recording date is YYYY-MM-DD. 9999-99-99 can be used to indicate an unknown date.
* Age of patient – This is a derived field based on Date of Birth and Date performed.
* T-scores: Calculating is not appropriate for certain perdiatric populations.