

Has a doctor ever said you had a hernia (rupture)?	Yes	No	108
Have you ever passed blood while urinating?	Yes	No	109
Do you have trouble starting your stream when urinating?	Yes	No	110
Do you often have severe burning pain when urinating?	Yes	No	111
Do you have to get up every night to urinate?	Yes	No	112
During the day, do you usually have to urinate frequently?	Yes	No	113
Have you ever had a kidney stone?	Yes	No	114
Do you sometimes lose control of your bladder?	Yes	No	115
Has a doctor ever said you had kidney or bladder disease?	Yes	No	116
Have you ever had a lump in the breast?	Yes	No	117
Have you ever had a discharge from the breast?	Yes	No	118
Do you use birth control pills?	Yes	No	119
Did you suffer any problems during pregnancy?	Yes	No	120
Have your menstrual periods usually been painful?	Yes	No	121
Have you ever had severe hot flashes and sweats?	Yes	No	122
Have you ever been troubled with vaginal discharge?	Yes	No	123

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Do you usually have great difficulty in falling asleep or staying asleep?	Yes	No	158
Do you find it impossible to take a regular rest period each day?	Yes	No	159
Do you find it impossible to take regular daily exercise?	Yes	No	160
Do you smoke more than 20 cigarettes a day?	Yes	No	161
Do you drink more than six cups of coffee or tea a day?	Yes	No	162
Do you usually take two or more alcoholic drinks a day?	Yes	No	163
Have you ever received a blood transfusion?	Yes	No	164
Have you ever been told not to donate blood?	Yes	No	165
Have you ever taken drugs?	Yes	No	166
Do you frequently use over-the-counter medicines?	Yes	No	167
Have you ever had a heavy exposure to radiation?	Yes	No	168
Do you work with chemicals?	Yes	No	169
Do you have unusual hobbies that may affect your health?	Yes	No	170
Do you have unusual pets at home?	Yes	No	171

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Did you ever have shingles (fever)?	Yes	No	141
As a child, did you have rheumatic fever, growing pains or twitching of the limbs?	Yes	No	141
Did you ever have malaria?	Yes	No	142
Were you ever treated for severe anemia (thin blood)?	Yes	No	143
Were you ever treated for "bad blood" (venereal disease)?	Yes	No	144
Do you have diabetes (sugar disease)?	Yes	No	145
Did a doctor ever say you had a goiter (in your neck)?	Yes	No	146
Did a doctor ever treat you for tumor or cancer?	Yes	No	147
Do you suffer from any chronic disease?	Yes	No	148
Are you definitely <i>under</i> weight?	Yes	No	149
Are you definitely <i>over</i> weight?	Yes	No	150
Did a doctor ever say you had varicose veins (swollen veins) in your legs?	Yes	No	151
Did you ever have a serious operation?	Yes	No	152
Did you ever have a serious injury?	Yes	No	153
Do you often have small accidents or injuries?	Yes	No	154
Have you ever had a thyroid condition?	Yes	No	155
Do you suffer from low blood sugar (hypoglycemia)?	Yes	No	156
Have you ever had a glucose tolerance test?	Yes	No	157