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Are your genitals often painful or sore?	Yes	No	106
Have you ever had treatment for your genitals?	Yes	No	107
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 have trouble getting or maintaining an erection?	Yes	No	111
Have you ever had a prostate problem?	Yes	No	112
Have you ever had a kidney stone?	Yes	No	113
Do you have to get up every night to urinate?	Yes	No	114
During the day, do you usually have to urinate frequently?	Yes	No	115
Do you often have severe burning pain when urinating?	Yes	No	116
Do you sometimes lose control of your bladder?	Yes	No	117
Has a doctor ever said you had kidney or bladder disease?	Yes	No	118

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Do you usually have great difficulty in falling asleep or staying asleep?	Yes	No	153
Do you find it impossible to take a regular rest period each day?	Yes	No	154
Do you find it impossible to take regular daily exercise?	Yes	No	155
Do you smoke more than 20 cigarettes a day?	Yes	No	156
Do you drink more than six cups of coffee or tea a day?	Yes	No	157
Do you usually take two or more alcoholic drinks a day?	Yes	No	158
Have you ever received a blood transfusion?	Yes	No	159
Have you ever been told not to donate blood?	Yes	No	160
Have you ever taken drugs?	Yes	No	161
Do you frequently use over-the-counter medicines?	Yes	No	162
Have you ever had a heavy exposure to radiation?	Yes	No	163
Do you work with chemicals?	Yes	No	164

J

Wey

Did you ever have scarlet fever?	Yes	No	1
As a child, did you have rheumatic fever, growing pains or twitching of the limbs?	Yes	No	1
Did you ever have malaria?	Yes	No	1
Were you ever treated for severe anemia (thin blood)?	Yes	No	1
Were you ever treated for "bad blood" (venereal disease)?	Yes	No	1
Do you have diabetes (sugar disease)? ..	Yes	No	14
Did a doctor ever say you had a goiter (in your neck)?	Yes	No	14
Did a doctor ever treat you for tumor or cancer?	Yes	No	14
Do you suffer from any chronic disease?	Yes	No	14
Are you definitely <i>under</i> weight?	Yes	No	14
Are you definitely <i>over</i> weight?	Yes	No	14
Did a doctor ever say you had varicose veins (swollen veins) in your legs?	Yes	No	14
Did you ever have a serious operation? ..	Yes	No	14
Did you ever have a serious injury?	Yes	No	14
Do you often have small accidents or injuries?	Yes	No	14
Have you ever had a thyroid condition?	Yes	No	15
Do you suffer from low blood sugar (hypoglycemia)?	Yes	No	15
Have you ever had a glucose tolerance test?	Yes	No	15