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| <p><i>Patient Identification: Please Print.</i><br/>                 Patient's Name: _____<br/>                 Address: _____<br/>                 Home Telephone No.: _____<br/>                 Work Telephone No.: _____<br/>                 Reason for Seeing Physician: _____</p> | <p>Date of Birth: ___/___/___ Age: ___ Religion: _____<br/>                 Relationship Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Separated <input type="checkbox"/><br/>                 Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/><br/>                 Education: ___ yrs. Race: ___ Occupation: _____<br/>                 Referring Physician: _____<br/>                 Primary Physician: _____<br/>                 Special Concerns: _____</p> |
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| <p>1. Current Medications: None <input type="checkbox"/><br/>                 _____<br/>                 _____</p> | <p><b>39. Pregnancy History (complete all information)</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th># of pregnancies</th> <th># of premature births</th> <th># of miscarriages</th> <th># of spontaneous abortions</th> <th># of induced abortions</th> <th># of living children</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | # of pregnancies  | # of premature births      | # of miscarriages      | # of spontaneous abortions | # of induced abortions | # of living children |  |  |  |  |  |  |
|--|---|-------------------|----------------------------|------------------------|----------------------------|------------------------|----------------------|--|--|--|--|--|--|
| # of pregnancies   | # of premature births   | # of miscarriages | # of spontaneous abortions | # of induced abortions | # of living children       |                        |                      |  |  |  |  |  |  |
|  |   |                   |                            |                        |                            |                        |                      |  |  |  |  |  |  |

| <p>2. Medication Allergies/Sensitivities:<br/>                 _____<br/>                 _____</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Born mm/yy</th> <th>M / F</th> <th>Birthweight</th> <th>Weeks pregnant</th> <th>Hours in labor</th> <th>Type of delivery</th> <th>Anes.</th> <th>Complications</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | Born mm/yy  | M / F          | Birthweight    | Weeks pregnant   | Hours in labor | Type of delivery | Anes. | Complications |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Born mm/yy  | M / F   | Birthweight | Weeks pregnant | Hours in labor | Type of delivery | Anes.          | Complications    |       |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p><b>MEDICAL HISTORY:</b></p> <table style="width:100%;"> <tr> <th></th> <th>YOU</th> <th>FAMILY</th> </tr> <tr><td>3. Depression.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4. Psychiatric Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5. High Cholesterol.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6. Heart Disease.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>7. Rheumatic Fever.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>8. High Blood Pressure.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>9. Asthma.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>10. Tuberculosis.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>11. Diabetes.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>12. Thyroid Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>13. Liver Disease.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>14. Stomach, Bowel or Gallbladder Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>15. Kidney or Bladder Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>16. AIDS (HIV).....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>17. Hepatitis (type___).....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>18. Anemia or Blood Disorder.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>19. Blood Transfusion.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>20. Deep Vein Thrombosis...</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>21. Stroke.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>22. Allergies.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>23. Breast Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>24. Cancer.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>25. Female or Sexual Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>26. Infertility.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>27. Chlamydia.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>28. Gonorrhea.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>29. Herpes (HSV).....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>30. Syphilis.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>31. Birth Defects.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>32. Inherited Diseases.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>33. Sexual Abuse.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>34. Domestic Violence.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>35. Other Med. Problems.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> |  | YOU                      | FAMILY | 3. Depression..... | <input type="checkbox"/> | <input type="checkbox"/> | 4. 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Menstrual History</b></p> <p>First Day of Last Menstrual Period: ___/___/___</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Menarche (Age at First Period)</th> <th>Interval (# of Days Between Periods)</th> <th>Length of period</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> <td style="text-align: center;">Days</td> </tr> </table> <p>Abnormalities: <input type="checkbox"/> excessive bleeding<br/> <input type="checkbox"/> discharge <input type="checkbox"/> pain <input type="checkbox"/> none</p> <p><b>41. CONTRACEPTIVE HISTORY</b></p> <table style="width:100%;"> <tr> <th>Type</th> <th>Dates Used</th> </tr> <tr> <td>Oral Contraceptive</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Type(s)_____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>IUD.....</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Diaphragm.....</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Norplant.....</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Sponge.....</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Spermicide.....</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Condoms.....</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Other_____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td>Sterilization <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td> </td> </tr> </table> <p><b>LIFESTYLE</b></p> <table style="width:100%;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>42. Did your mother take DES or any other when pregnant with you?.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>43. Have you ever had a pap test?.....<br/>If yes, give the date of your last Pap test: ___/___/___</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Have you ever had abnormal Pap results?....<br/>If yes, when: ___/___/___</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>44. Are you sexually active?.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>45. Do you have one partner or .....<br/>many partners?.....<br/>with men, women or both?</td> <td><input type="checkbox"/> one<br/><input type="checkbox"/> 2 or more</td> <td> </td> </tr> <tr> <td>46. If sexually active, do you participate in<br/>vaginal sex</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>oral sex</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>anal sex</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>47. Is intercourse painful for you?.....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>48. Do you do monthly self-breast exams?....</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>49. Have you ever had a mammogram?.....<br/>If yes, date of last mammogram: ___/___/___</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>50. Do you exercise on a regular basis?.....<br/>If yes, Type of exercise _____<br/>Hours per week _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Menarche (Age at First Period) | Interval (# of Days Between Periods) | Length of period |  |  |  | Days | Days | Days | Type | Dates Used | Oral Contraceptive | <input type="checkbox"/> _____ | Type(s)_____ | <input type="checkbox"/> _____ |  | <input type="checkbox"/> _____ | IUD..... | <input type="checkbox"/> _____ | Diaphragm..... | <input type="checkbox"/> _____ | Norplant..... | <input type="checkbox"/> _____ | Sponge..... | <input type="checkbox"/> _____ | Spermicide..... | <input type="checkbox"/> _____ | Condoms..... | <input type="checkbox"/> _____ | Other_____ | <input type="checkbox"/> _____ | Sterilization <input type="checkbox"/> Male <input type="checkbox"/> Female |  |  | Yes | No | 42. 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|   | YOU  | FAMILY                   |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 3. Depression.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 4. Psychiatric Problems.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 5. High Cholesterol.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 6. Heart Disease.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 7. Rheumatic Fever.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 8. High Blood Pressure.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 9. Asthma.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 10. Tuberculosis.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 11. Diabetes.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 12. Thyroid Problems.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 13. Liver Disease.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 14. Stomach, Bowel or Gallbladder Problems.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 15. Kidney or Bladder Problems.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 16. AIDS (HIV).....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 17. Hepatitis (type___).....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 18. Anemia or Blood Disorder.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 19. Blood Transfusion.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 20. Deep Vein Thrombosis...   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 21. Stroke.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 22. Allergies.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 23. Breast Problems.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 24. Cancer.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 25. Female or Sexual Problems.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 26. Infertility.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 27. Chlamydia.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 28. Gonorrhea.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 29. Herpes (HSV).....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 30. Syphilis.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 31. Birth Defects.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 32. Inherited Diseases.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 33. Sexual Abuse.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 34. Domestic Violence.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 35. Other Med. Problems.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Menarche (Age at First Period)  | Interval (# of Days Between Periods)                               | Length of period         |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
|   |  |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Days  | Days   | Days                     |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Type  | Dates Used   |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Oral Contraceptive  | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Type(s)_____  | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
|   | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| IUD.....  | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Diaphragm.....  | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Norplant.....   | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Sponge.....   | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Spermicide.....   | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Condoms.....  | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Other_____  | <input type="checkbox"/> _____                                     |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Sterilization <input type="checkbox"/> Male <input type="checkbox"/> Female   |  |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
|   | Yes  | No                       |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 42. Did your mother take DES or any other when pregnant with you?.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 43. Have you ever had a pap test?.....<br>If yes, give the date of your last Pap test: ___/___/___  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| Have you ever had abnormal Pap results?....<br>If yes, when: ___/___/___  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 44. Are you sexually active?.....   | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 45. Do you have one partner or .....<br>many partners?.....<br>with men, women or both?   | <input type="checkbox"/> one<br><input type="checkbox"/> 2 or more |                          |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 46. If sexually active, do you participate in<br>vaginal sex  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| oral sex  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| anal sex  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 47. Is intercourse painful for you?.....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 48. Do you do monthly self-breast exams?....  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 49. Have you ever had a mammogram?.....<br>If yes, date of last mammogram: ___/___/___  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |
| 50. Do you exercise on a regular basis?.....<br>If yes, Type of exercise _____<br>Hours per week _____  | <input type="checkbox"/>   | <input type="checkbox"/> |        |                    |                          |                          |                              |                          |                          |                          |                          |                          |                       |                          |                          |                         |                          |                          |                             |                          |                          |                |                          |                          |                       |                          |                          |                   |                          |                          |                           |                          |                          |                        |                          |                          |   |                          |                          |                                     |                          |                          |                     |                          |                          |                              |                          |                          |                                   |                          |                          |                            |                          |                          |                             |                          |                          |                 |                          |                          |                    |                          |                          |                          |                          |                          |                 |                          |                          |                                    |                          |                          |                      |                          |                          |                    |                          |                          |                    |                          |                          |                       |                          |                          |                   |                          |                          |                        |                          |                          |                             |                          |                          |                       |                          |                          |                            |                          |                          |                              |                          |                          |   |                                |                                      |                  |  |  |  |      |      |      |      |            |                    |                                |              |                                |  |                                |          |                                |                |                                |               |                                |             |                                |                 |                                |              |                                |            |                                |   |  |  |     |    |  |                          |                          |  |                          |                          |  |                          |                          |                                   |                          |                          |   |  |  |  |                          |                          |          |                          |                          |          |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |

37. HOSPITALIZATIONS: List surgeries and hospital confinements for serious illnesses. If more than six, check here . Do not include pregnancies in this section.

| Month / Year | Illness or Surgery | Complications            |                          |
|--------------|--------------------|--------------------------|--------------------------|
|              |                    | Yes                      | No                       |
|              |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|              |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|              |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|              |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|              |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|              |                    | <input type="checkbox"/> | <input type="checkbox"/> |

38. SUBSTANCE USE: Check only those you use

| Substance            | Type | Amt./day |
|----------------------|------|----------|
| Alcohol              |      |          |
| Tobacco              |      |          |
| Caffeine             |      |          |
| Non-prescribed Drugs |      |          |
| Street Drugs         |      |          |

Provider's Signature: \_\_\_\_\_

| Initial Physical Exam         |            |      |
|-------------------------------|------------|------|
| 1. Height _____               | BMI: _____ |      |
| 2. Weight _____               |            |      |
| 3. Blood Pressure _____/_____ |            |      |
| Pelvic Exam                   | WNL        | Abn. |
| 4. Ext. Genitalia             |            |      |
| 5. Urethral Meatus            |            |      |
| 6. Urethra                    |            |      |
| 7. Bladder                    |            |      |
| 8. Vagina                     |            |      |
| 9. Cervix                     |            |      |
| 10. Uterus(describe)          |            |      |
| 11. Adnexa/Parametria         |            |      |
| 12. Rectum (digital exam)     |            |      |
| 13. Anus and Perineum         |            |      |
| 14. Other                     |            |      |
| General Physical              | WNL        | Abn. |
| 15. Skin                      |            |      |
| 16. HEENT                     |            |      |
| 17. Neck                      |            |      |
| 18. Chest                     |            |      |
| 19. Breasts                   |            |      |
| 20. Heart                     |            |      |
| 21. Lungs                     |            |      |
| 22. Abdomen                   |            |      |
| 23. Musculoskeletal           |            |      |
| 24. Extremities               |            |      |
| 25. Neurological              |            |      |
| Review of Systems             | WNL        | Abn. |
| 26. General                   |            |      |
| 27. Eyes                      |            |      |
| 28. ENMT                      |            |      |
| 29. Cardiac                   |            |      |
| 30. Respiratory               |            |      |
| 31. GI                        |            |      |
| 32. GU                        |            |      |
| 33. Musculoskeletal           |            |      |
| 34. Skin/Breast/Chest         |            |      |
| 35. Neurological              |            |      |
| 36. Psychiatric               |            |      |
| 37. Endocrine                 |            |      |
| 38. Hematologic/l ymph        |            |      |
| 39. Allergic/Immunologic      |            |      |

NOTES

**Nutritional Assessment**

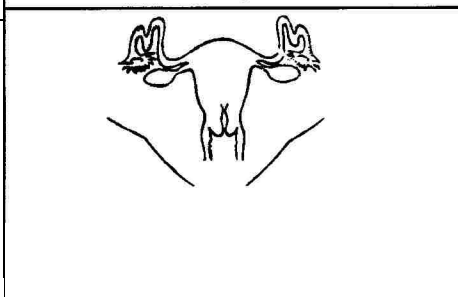
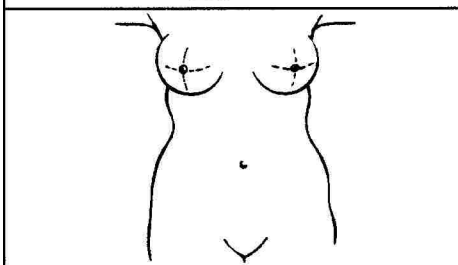
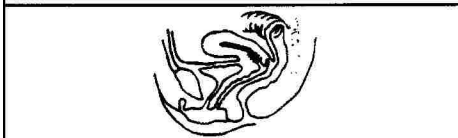
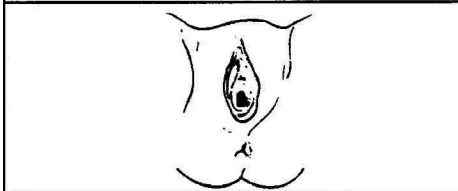
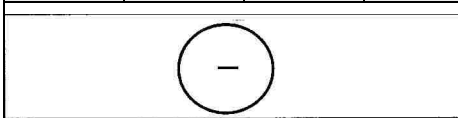
40. Not Performed.....

41. Apparently adequate.....

42. Apparently inadequate.....

43. Excessive caloric intake.....

| Office Labs    | Result | Urinalysis           | Result |
|----------------|--------|----------------------|--------|
| Pregnancy Test |        | Color/Appear. Leuko. |        |
| FOBT           |        | Nitrites             |        |
| Hgb            |        | Urobilinogen         |        |
| Glucose        |        | Protein              |        |
| Wet Prep       |        | pH                   |        |
| Ferning        |        | Blood                |        |
|                |        | Specific Gravity     |        |
|                |        | Ketone               |        |
|                |        | Bilirubin            |        |



Diagnosis and Treatment Plans

Next appt. / return to clinic

\_\_\_\_\_ weeks

\_\_\_\_\_ months

\_\_\_\_\_ year

Provider's signature \_\_\_\_\_