

Women Only... Are you Pregnant?		Yes	No
97w.	Have your menstrual periods usually been painful? -----	Yes	No
98w.	Have you often felt weak or sick with your periods? -----	Yes	No
99w.	Have you often had to lie down when your periods come on? -----	Yes	No
100w.	Have you usually been tense or jumpy with your periods? -----	Yes	No
101w.	Have you ever had severe hot flashes or sweats? -----	Yes	No
102w.	Have you often been troubled with a vaginal discharge? -----	Yes	No

Men Only...			
97m.	Have you ever had anything wrong with your genitals? -----	Yes	No
98m.	Are your genitals often painful or sore? -----	Yes	No
99m.	Have you ever had treatment for your genitals? -----	Yes	No
100m.	Has a doctor ever said you had a hernia (rupture)? -----	Yes	No
101m.	Have you ever passed blood while urinating? -----	Yes	No
102m.	Do you have trouble starting your stream when urination? -----	Yes	No
103.	Do you have to get up every night and urinate? -----	Yes	No
104.	During the day, do you usually have to urinate frequently? -----	Yes	No
105.	Do you often have severe burning when you urinate? -----	Yes	No
106.	Do you sometimes lose control of your bladder? -----	Yes	No
107.	Has a doctor ever said you had kidney or bladder disease? -----	Yes	No
108.	Are you often exhausted or fatigued? -----	Yes	No
109.	Does working tire you out completely? -----	Yes	No
110.	Do you usually get up tired or exhausted in the morning? -----	Yes	No
111.	Does every little effort wear you out? -----	Yes	No
112.	Are you constantly too tired and exhausted to even eat? -----	Yes	No
113.	Do you suffer from severe nervous exhaustion? -----	Yes	No
114.	Does nervous exhaustion run in your family? -----	Yes	No
115.	Are you frequently ill? -----	Yes	No
116.	Are you frequently confined to bed by illness? -----	Yes	No
117.	Are you always in poor health? -----	Yes	No
118.	Are you considered a sickly person? -----	Yes	No
119.	Do you come from a sickly family? -----	Yes	No
120.	Do severe pains and aches make it impossible for you to do your work? -----	Yes	No
121.	Do you wear yourself out worrying about work? -----	Yes	No
122.	Are you always ill and unhappy? -----	Yes	No
123.	Are you constantly made miserable by poor health? -----	Yes	No
124.	Did you ever have scarlet fever? -----	Yes	No
125.	As a child, did you have rheumatic fever, growing pains, or twitching of the limbs? -----	Yes	No
126.	Did you ever have malaria? -----	Yes	No
127.	Were you ever treated for severe anemia? -----	Yes	No
128.	Were you ever treated for venereal disease? -----	Yes	No
129.	Do you have diabetes? -----	Yes	No
130.	Did a doctor ever say you had a goiter in your neck? -----	Yes	No
131.	Did a doctor ever treat you for a tumor or cancer? -----	Yes	No
	Date? _____ Type? _____ Treatment? _____		
132.	Do you suffer from any chronic disease? -----	Yes	No
133.	Are you definitely under weight? -----	Yes	No
134.	Are you definitely overweight? -----	Yes	No
135.	Did a doctor ever say you had varicose veins (swollen veins) in your legs? -----	Yes	No
136.	Did you ever have a serious operation? -----	Yes	No
137.	Did you ever have a serious injury? -----	Yes	No
138.	Do you often have small accidents or injuries? -----	Yes	No
139.	Do you usually have difficulty falling asleep or staying asleep? -----	Yes	No
140.	Do you find it impossible to take a regular rest period each day? -----	Yes	No
141.	Do you find it difficult to exercise daily? -----	Yes	No