Have you recently had pain in the stomach which: (Circle)

Yes	No	Occurs 1–2 hours after a meal?
Yes	No	Is brought on by eating fried foods, gassy foods?
Yes	No	Awakens you at night?
Yes	No	Is relieved by antacid medications?
Yes	No	Is relieved with milk or eating?
Yes	No	Occurs while eating or immediately after?
Yes	No	Is relieved by a bowel movement?
Yes	No	Loss of appetite?

If you have had a change in bowel habit recently, answer the following: (Circle)

Yes	No	Crampy pain in the abdomen?	_____
Yes	No	Alternating diarrhea and constipation?	_____
Yes	No	Pain during or after bowel movement?	_____
Yes	No	Mucous in the stool?	_____
Yes	No	Blood in the stool?	_____
Yes	No	Ribbon-like stools?	_____
Yes	No	Black stools?	_____
Yes	No	Require use of strong laxatives or enemas?	_____

Have you had: (Circle)

Yes	No	Burning when urinating?	_____
Yes	No	Loss of control of bladder?	_____
Yes	No	Blood in the urine?	_____
Yes	No	Dark colored urine?	_____
Yes	No	Trouble starting to urinate?	_____
Yes	No	Trouble holding the urine?	_____
Yes	No	Getting up frequently at night?	_____
Yes	No	Passed a kidney stone?	_____

Have you recently had: (Circle)

Yes	No	Pains in calves or legs when walking?	_____
Yes	No	Cramps in legs at night?	_____
Yes	No	Pain in the big toe?	_____
Yes	No	Varicose veins?	_____
Yes	No	Phlebitis or inflamed leg veins?	_____
Yes	No	Swelling in the ankles?	_____

To be answered by MEN only: Have you ever had: (Circle)

Yes	No	Loss of sexual activity? For how long? _____
Yes	No	Treatment for genitals (private parts)?
Yes	No	Discharge from penis?
Yes	No	Hernia (rupture)?
Yes	No	Prostate trouble?

Describe briefly your present medical symptoms:

_____

_____

_____

_____

_____

_____

_____

_____

_____