Print Form

Serious illnesses which you have had: (not requiring hospitalization)

_____

_____

Serious injuries or accidents:

_____

_____

To be answered by WOMEN only: (Circle)

Yes No Are you still having regular monthly menstrual periods?
Yes No Have you ever had bleeding between your periods? When? _____
Yes No Do you have very heavy bleeding with your periods? When? _____
Yes No Do you feel bloated and irritable before your period?
Yes No Are you now on or have you ever taken the birth control pill? When? _____
Yes No Have you ever had a miscarriage? When? _____
Yes No Have you ever had a discharge from the nipple of your breast? When? _____
Yes No Do you regularly have the cancer test of the cervix? Date of last test _____

How many children born alive _____
How many stillbirths _____
How many premature births _____
Date of last menstrual period _____
How many miscarriages _____
How many cesarean operations _____
Any complication of pregnancy _____

To be answered by men and women : (Circle)

Yes No Do you frequently have severe headaches? (If yes, answer the following):
Yes No Do they cause visual trouble?
Yes No Do they occur on one side of the head?
Yes No Do they awaken you at night from sleep?
Yes No Do they feel like a tight hat band?
Yes No Do they hurt most in the back of the head and neck?
Yes No Does aspirin relieve them?

Yes No Have you ever fainted?
Yes No Spells of dizziness?
Yes No Spells of weakness of an arm or leg?
Yes No Ringing in ears?
Yes No Have you ever had a convulsion?
Yes No Double vision?
Yes No Pains in ear?
Yes No Nosebleeds?

Yes No Do you frequently have bleeding gums?
Yes No Do you frequently have trouble swallowing?
Yes No Do you frequently have hoarseness?
Yes No Do you frequently have a sore tongue?
Yes No Do you frequently have nausea and vomiting?

Have you ever had shortness of breath: (Circle)

Yes No Doing your usual work?
Yes No Climbing a flight of stairs?
Yes No Which awakens you at night?
Yes No Do you have a chronic cough?
Yes No Which causes you to cough?
Yes No Accompanied by wheezing?
Yes No Have you ever coughed blood?
Yes No Do you cough up much sputum?

Have you ever had chest pain or tightness in the chest: (Circle)

Yes No When exerting yourself?
Yes No When walking against a wind?
Yes No When walking up a hill?
Yes No After a heavy meal?
Yes No When upset or excited?
Yes No Palpitations
Yes No Do you sleep on more than one pillow?
Yes No Radiates down the arm?
Yes No Disappears if you rest?
Yes No Occurs only at rest?
Yes No When walking fast?
Yes No When walking in cold weather?

If you have chest pain or tightness please explain _____

_____