

Do you suffer from swollen ankles?	Yes	No	045
Have you ever taken water pills?	Yes	No	046
Have you ever had rheumatic fever?	Yes	No	047
Have you ever been told of a heart murmur?	Yes	No	048
Have you ever been told of a problem with your heart valves?	Yes	No	049

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Have you lost more than half your teeth?	Yes	No	050
Are you troubled by bleeding gums?	Yes	No	051
Do you have difficulty with swallowing?	Yes	No	052
Do you suffer from mouth sores?	Yes	No	053
Do you suffer from sores on the lip(s)?	Yes	No	054
Do you ever have pain with swallowing?	Yes	No	055
Do you suffer from "irritable" colon or stomach?	Yes	No	056
Have you ever been told you have a hiatus hernia?	Yes	No	057
Have you ever had an upper GI series (x-ray)?	Yes	No	058
Have you ever had a lower GI series (barium enema x-ray)?	Yes	No	059
Have you ever had a gallstone(s)?	Yes	No	060
Have you ever had a sigmoidoscopy (proctoscopy)?	Yes	No	061
Have you ever had colitis?	Yes	No	062
Have you ever had dysentery?	Yes	No	063
Have you recently gained weight?	Yes	No	064
Have you recently lost weight?	Yes	No	065
Have you ever had appendicitis?	Yes	No	066
Have you ever had any abdominal surgery?	Yes	No	067
Have you ever had an ulcer?	Yes	No	068
Have you ever noticed blood in your stool?	Yes	No	069

E

Have you ever had any broken bones?	Yes	No	070
Do you suffer from weak or brittle bones?	Yes	No	071
Do you use aspirin regularly for arthritis (rheumatism)?	Yes	No	072
Are your joints often painfully swollen?	Yes	No	073
Do your muscles and joints constantly feel stiff?	Yes	No	074
Do you usually have severe pains in the arms or legs?	Yes	No	075
Are you crippled with severe rheumatism (arthritis)?	Yes	No	076
Does rheumatism (arthritis) run in your family?	Yes	No	077

Do weak or painful feet make your life miserable?	Yes	No	078
Do pains in the back make it hard for you to keep up your work?	Yes	No	079
Are you troubled with a serious bodily disability or deformity?	Yes	No	080

F

Do you have any chronic skin conditions?	Yes	No	081
Do you get skin rashes frequently?	Yes	No	082
Is your skin very sensitive or tender?	Yes	No	083
Do cuts in your skin usually stay open a long time?	Yes	No	084
Does your face often get badly flushed?	Yes	No	085
Do you sweat a great deal even in cold weather?	Yes	No	086
Are you often bothered by severe itching?	Yes	No	087

G

Do you suffer from frequent headaches?	Yes	No	088
Are headaches common in your family?	Yes	No	089
Does pressure or pain in the head often make life miserable?	Yes	No	090
Do you have hot or cold spells?	Yes	No	091
Do you often have spells of severe dizziness?	Yes	No	092
Do you frequently feel faint?	Yes	No	093
Have you fainted more than twice in your life?	Yes	No	094
Do you have constant numbness or tingling in any part of your body?	Yes	No	095
Was any part of your body ever paralyzed?	Yes	No	096
Were you ever knocked unconscious?	Yes	No	097
Have you at times had a twitching of the face, head or shoulders?	Yes	No	098
Did you ever have a fit or convulsion (epilepsy)?	Yes	No	099
Has anyone in your family ever had fits or convulsions (epilepsy)?	Yes	No	100
Do you bite your nails badly?	Yes	No	101
Are you troubled by stuttering or stammering?	Yes	No	102
Are you a sleep walker?	Yes	No	103
Are you a bed wetter?	Yes	No	104
Were you a bed wetter between the ages of 8 and 14?	Yes	No	105

H

Are your genitals often painful or sore?	Yes	No	106
Have you ever had treatment for your genitals?	Yes	No	107