

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 came 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 urinating?.....	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 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 even to eat?.....	Yes	No
113.	Do you suffer form 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
132.	Do you suffer from any chronic disease?.....	Yes	No
133.	Are you definitely underweight?.....	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