| **Condition/Illness** | **Yes** | **No** | **Don’t****Know** | **Age at****Onset** | **Still Present?** |
| --- | --- | --- | --- | --- | --- |
| **Blood disorders** |  |  |  |  |  |
| Anemia requiring treatment or blood transfusions |  |  |  |  |  |
| Mononucleosis |  |  |  |  |  |
| Thrombocytopenia (low platelets) |  |  |  |  |  |
| Other bleeding disorder Specify: |  |  |  |  |  |
| Blood clot disorder (clots in legs, lungs) Specify: |  |  |  |  |  |
| Sickle cell trait |  |  |  |  |  |
| Sickle cell disease |  |  |  |  |  |
| Malaria |  |  |  |  |  |
| Other blood disorders Specify: |  |  |  |  |  |
| **Cardiovascular**  |  |  |  |  |  |
| Irregular heart beat or palpitations  |  |  |  |  |  |
| Heart attack, coronary artery disease, angina, bypass surgery, stent, other Specify: |  |  |  |  |  |
| Heart failure |  |  |  |  |  |
| Heart murmur |  |  |  |  |  |
| Malfunctioning heart valves |  |  |  |  |  |
| High blood pressure (hypertension) |  |  |  |  |  |
| Very low blood pressure |  |  |  |  |  |
| Orthostatic intolerance or POTS |  |  |  |  |  |
| High total or LDL (“bad”) cholesterol or triglycerides Specify: |  |  |  |  |  |
| Cardiomyopathy, myocarditis |  |  |  |  |  |
| Peripheral arterial disease |  |  |  |  |  |
| Heart rhythm problem: atrial fibrillation, pacemaker Specify: |  |  |  |  |  |
| Other cardiovascular conditions Specify: |  |  |  |  |  |
| **Chest** |  |  |  |  |  |
| Asthma |  |  |  |  |  |
| Chronic bronchitis, emphysema (COPD) |  |  |  |  |  |
| Pneumonia (bacteria, virus) Specify type: |  |  |  |  |  |
| Tuberculosis |  |  |  |  |  |
| Other chronic lung condition Specify: |  |  |  |  |  |

| **Condition/Illness** | **Yes** | **No** | **Don’t****Know** | **Age at****Onset** | **Still Present?** |
| --- | --- | --- | --- | --- | --- |
| **Ear/Nose/Throat conditions**  |  |  |  |  |  |
| Frequent sinus infections  |  |  |  |  |  |
| Nasal allergies/rhinitis |  |  |  |  |  |
| Nasal polyps |  |  |  |  |  |
| Hearing loss |  |  |  |  |  |
| Tinnitus (ringing or sounds in the ears) |  |  |  |  |  |
| Frequent throat infection (pharyngitis)  |  |  |  |  |  |
| Frequent ear infections  |  |  |  |  |  |
| Bleeding gums (gingivitis)  |  |  |  |  |  |
| Recurrent infections of tonsils |  |  |  |  |  |
| **Eye conditions** |  |  |  |  |  |
| Cataracts |  |  |  |  |  |
| Glaucoma |  |  |  |  |  |
| Optic neuritis |  |  |  |  |  |
| Other eye condition Specify: |  |  |  |  |  |
| **Endocrine and metabolic** |  |  |  |  |  |
| Underactive thyroid (hypothyroidism) |  |  |  |  |  |
| Overactive thyroid (hyperthyroidism) |  |  |  |  |  |
| Thyroid nodules or cancer |  |  |  |  |  |
| Diabetes (type 1 or 2) |  |  |  |  |  |
| Hypoglycemia (low blood sugar) |  |  |  |  |  |
| Metabolic syndrome |  |  |  |  |  |
| Overweight/obesity |  |  |  |  |  |
| Underactive adrenal (Addison disease) |  |  |  |  |  |
| Overactive adrenal (Cushing disease) |  |  |  |  |  |
| Pituitary gland disorder |  |  |  |  |  |
| **Gastrointestinal** |  |  |  |  |  |
| Heartburn or reflux (GERD) |  |  |  |  |  |
| Gastritis |  |  |  |  |  |
| Stomach or duodenal ulcer |  |  |  |  |  |
| Enteritis |  |  |  |  |  |
| Colitis |  |  |  |  |  |
| Crohn’s disease |  |  |  |  |  |
| Ulcerative colitis |  |  |  |  |  |
| Irritable bowel syndrome |  |  |  |  |  |
| Malabsorption |  |  |  |  |  |
| Celiac disease (celiac sprue) |  |  |  |  |  |
| Constipation |  |  |  |  |  |
| Pancreatitis |  |  |  |  |  |
| Gallstones or gallbladder infection |  |  |  |  |  |
| Liver cirrhosis |  |  |  |  |  |
| Hepatitis (types A, B or C) |  |  |  |  |  |
| Other liver disease (Specify: ) |  |  |  |  |  |
| **Neurological** |  |  |  |  |  |
| Migraine headaches |  |  |  |  |  |
| Fainting |  |  |  |  |  |
| Loss of consciousness (not fainting) |  |  |  |  |  |
| Meningitis or encephalitis |  |  |  |  |  |
| Peripheral neuropathy |  |  |  |  |  |
| Multiple sclerosis |  |  |  |  |  |
| Seizures, convulsions, epilepsy, pseudoseizures |  |  |  |  |  |
| Stroke or TIA (mini-stroke) |  |  |  |  |  |
| Alzheimer’s or other dementia Specify: |  |  |  |  |  |
| Narcolepsy |  |  |  |  |  |
| Sleep apnea |  |  |  |  |  |
| Restless legs syndrome |  |  |  |  |  |
| Other sleep disorder Specify: |  |  |  |  |  |
| Neuromuscular disorders: (e.g., Huntington’s, amyotrophic lateral sclerosis, muscular dystrophy, myasthenia gravis Specify: |  |  |  |  |  |
| Guillain-Barré syndrome |  |  |  |  |  |
| Parkinson’s disease |  |  |  |  |  |
| Traumatic brain injury/concussion |  |  |  |  |  |
| Muscle disease Specify: |  |  |  |  |  |
| **Rheumatological** |  |  |  |  |  |
| Osteoarthritis |  |  |  |  |  |
| Rheumatoid arthritis |  |  |  |  |  |
| Fibromyalgia or myofascial pain syndrome |  |  |  |  |  |
| Neck arthritis/disc disease |  |  |  |  |  |
| Spine arthritis/disc disease |  |  |  |  |  |
| Systemic lupus erythematosus |  |  |  |  |  |
| Multiple broken bones in the past |  |  |  |  |  |
| Polymyalgia rheumatica/temporal arteritis |  |  |  |  |  |
| Gout |  |  |  |  |  |
| Lyme disease |  |  |  |  |  |
| Rheumatic fever |  |  |  |  |  |
| Sjogren’s syndrome |  |  |  |  |  |
| Sarcoidosis |  |  |  |  |  |
| Ehlers-Danlos syndrome |  |  |  |  |  |
| Temporo-mandibular joint syndrome |  |  |  |  |  |
| Other autoimmune disease Specify:  |  |  |  |  |  |
| **Psychological** |  |  |  |  |  |
| Anxiety |  |  |  |  |  |
| Depression |  |  |  |  |  |
| Anorexia or bulimia |  |  |  |  |  |
| Drug abuse |  |  |  |  |  |
| Alcohol abuse/dependency |  |  |  |  |  |
| Obsessive-compulsive disorder |  |  |  |  |  |
| Attention deficit disorder (ADD or ADHD) |  |  |  |  |  |
| Manic depressive or bipolar disorder |  |  |  |  |  |
| PTSD |  |  |  |  |  |
| Other type of psychosis |  |  |  |  |  |
| **Skin problems** |  |  |  |  |  |
| Hives |  |  |  |  |  |
| Contact dermatitis |  |  |  |  |  |
| Eczema |  |  |  |  |  |
| Psoriasis |  |  |  |  |  |
| Mastocytosis |  |  |  |  |  |
| Other skin problems Specify: |  |  |  |  |  |
| **Tumors/Cancer** |  |  |  |  |  |
| Lung cancer |  |  |  |  |  |
| Breast cancer |  |  |  |  |  |
| Prostate cancer |  |  |  |  |  |
| Colorectal cancer |  |  |  |  |  |
| Bladder cancer |  |  |  |  |  |
| Non-melanoma skin cancer |  |  |  |  |  |
| Melanoma |  |  |  |  |  |
| Lymphoma |  |  |  |  |  |
| Leukemia |  |  |  |  |  |
| Kidney cancer |  |  |  |  |  |
| Other cancer(s) Specify: |  |  |  |  |  |
| **Urogenital conditions** |  |  |  |  |  |
| Genital herpes |  |  |  |  |  |
| Other sexually transmitted diseases Specify: |  |  |  |  |  |
| Interstitial cystitis |  |  |  |  |  |
| Urinary tract infections |  |  |  |  |  |
| Kidney or bladder stones |  |  |  |  |  |
| Kidney failure |  |  |  |  |  |
| Other kidney problem Specify: |  |  |  |  |  |
| **Female conditions only** |  |  |  |  |  |
| Heavy/excessive menstrual bleeding |  |  |  |  |  |
| Irregular periods |  |  |  |  |  |
| Bleeding between periods |  |  |  |  |  |
| Missing periods (other than pregnancy) |  |  |  |  |  |
| Endometriosis |  |  |  |  |  |
| Pelvic inflammatory disease |  |  |  |  |  |
| Premenstrual syndrome |  |  |  |  |  |
| Number of pregnancies (how many: ) |  |  |  |  |  |
| Number of live births (how many: ) |  |  |  |  |  |
| Number of abortions (how many: ) |  |  |  |  |  |
| Number of miscarriages (how many: ) |  |  |  |  |  |
| Infertility |  |  |  |  |  |
| Polycystic ovary syndrome (PCOS) |  |  |  |  |  |
| Vaginal yeast infections |  |  |  |  |  |
| Other genital infections Specify: |  |  |  |  |  |
| Other gynecological conditions Specify: |  |  |  |  |  |
| **Male condition only** |  |  |  |  |  |
| Epididymitis |  |  |  |  |  |
| Prostate enlargement or prostatitis |  |  |  |  |  |
| Varicocele |  |  |  |  |  |
| Impotence |  |  |  |  |  |
| Sexually transmitted diseases Specify: |  |  |  |  |  |
| Other male problems Specify: |  |  |  |  |  |
| **Miscellaneous** |  |  |  |  |  |
| HIV infection |  |  |  |  |  |
| Immune deficiency (other than HIV) Specify:  |  |  |  |  |  |
| Anaphylaxis |  |  |  |  |  |
| Oral herpes (cold sores) |  |  |  |  |  |
| Multiple chemical sensitivities |  |  |  |  |  |
| Environmental hypersensitivity |  |  |  |  |  |
| Other sleep disorder Specify: |  |  |  |  |  |
| Organ transplant Specify organ: |  |  |  |  |  |

Past Surgery

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Surgery** | **Yes** | **No** | **Institution/City Surgery****Performed** | **Year(s) of****Surgery** |
| Knee arthroplasty |  |  |  |  |
| Coronary angioplasty/stent |  |  |  |  |
| Excision of disc in the spine |  |  |  |  |
| Fusion of spine bones (vertebrae) |  |  |  |  |
| Hip replacement |  |  |  |  |
| Gall bladder removal |  |  |  |  |
| **Type of Surgery** | **Yes** | **No** | **Institution/City Surgery****Performed** | **Year(s) of****Surgery** |
| Colon removal (partial or total) |  |  |  |  |
| Hysterectomy |  |  |  |  |
| Ovaries removed |  |  |  |  |
| Tubes tied |  |  |  |  |
| Vasectomy (men) |  |  |  |  |
| Circumcision (men) |  |  |  |  |
| Removal of adhesions in abdomen |  |  |  |  |
| Fracture of hip, thigh, lower leg bones |  |  |  |  |
| Coronary artery bypass graft (CABG) |  |  |  |  |
| Organ transplant Specify organ: |  |  |  |  |
| **List Other Surgeries:** |
|  |  |  |
|  |  |  |
|  |  |  |
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