

	NO	YES	Physician Notes
48. Are you troubled with hemorrhoids (piles), rectal itching, or similar problems?			
49. Pain or burning on urination?			
50. Do you regularly wake up two or more times at night to urinate?			
51. Do you have difficulty in passing your urine?			
52. Do you have difficulty in holding your urine?			
53. Have you ever had a kidney stone or colic, or passed gravel in your urine?			
54. Have you ever passed blood in your urine?			
55. Have you ever been treated for prostate trouble?			
56. Do you have any problem related to sexual function?			
57. Are you or have you recently been under treatment for anemia?			
58. Are you subject to abnormal bleeding or bruising tendencies?			
59. Do you have enlarged or painful glands?			
60. Have you been aware of excessive or unexplained thirst?			
61. Has there been any recent change in your capacity to tolerate hot or cold surroundings?			
62. Do you have any skin disorders?			
63. Have you noted any changes in your hair or nails that concern you?			
64. Are you subject to fits or convulsions?			
65. Do you tremble or shake abnormally?			
66. Have you noted any weakness or clumsiness of your arms or legs?			
67. Do you have numbness, tingling, burning, or shooting pains in your arms or legs?			
68. Do your joints give you trouble?			
69. Do your joints swell?			
70. Do you have pain or stiffness in your neck?			
71. Do you have any specific muscle weakness?			
72. Are you troubled with recurring or severe backache?			
73. Do you feel that you are a tense or high-strung person?			
74. Do you feel your home or work is unpleasant?			
75. Do you have difficulty making up your mind?			
76. Do you have periods of depression or melancholy?			
77. Are you inclined to worry excessively?			
78. Are you easily irritated or upset?			
79. Do you have persistent fears?			
80. Are your feelings easily hurt?			
81. Do you feel that nervous or emotional factors are important in your present illness?			
82. Have you ever consulted a psychiatrist?			
(FOR FEMALES ONLY)			
83. At what age did you start to menstruate? years of age			
84. Are you still having menstrual periods?			
85. Are your periods regular?			
86. Are you troubled with bleeding between your periods?			
87. How many days does your menstrual period usually last? days			
88. Do you have problems with your periods (cramps, flooding, clots, etc.)?			
89. Do you have vaginal itching or discharge?			
90. When was your last period?			
91. How many pregnancies have you had?			
92. How many of these were miscarriages or stillborns?			
93. Was D and C done?			
94. Do you have any problems with your breasts other than at the time of your period?			

Reviewing Physician _____

M.D. Date _____