

# Patient Health Questionnaire - PHQ

Form PHQ-202

rev 7/18/05

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## 1. Describe your symptoms

\_\_\_\_\_  
\_\_\_\_\_

a. When did your symptoms start?

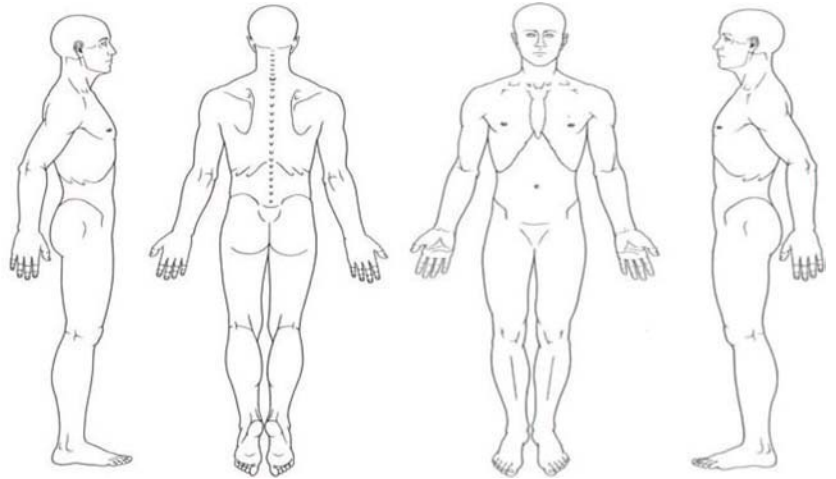
\_\_\_\_\_

b. How did your symptoms begin?

\_\_\_\_\_

## 2. How often do you experience your symptoms? Indicate where you have pain or other symptoms

- ① Constantly (76-100% of the day)
- ② Frequently (51-75% of the day)
- ③ Occasionally (26-50% of the day)
- ④ Intermittently (0-25% of the day)



## 3. What describes the nature of your symptoms?

- ① Sharp
- ② Dull ache
- ③ Numb
- ④ Shooting
- ⑤ Burning
- ⑥ Tingling

## 4. How are your symptoms changing?

- ① Getting Better
- ② Not Changing
- ③ Getting Worse

## 5. During the past 4 weeks:

a. Indicate the average intensity of your symptoms

None ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Unbearable

b. How much has pain interfered with your normal work (including both work outside the home, and housework)

- ① Not at all
- ② A little bit
- ③ Moderately
- ④ Quite a bit
- ⑤ Extremely

## 6. During the past 4 weeks how much of the time has your condition interfered with your social activities?

(like visiting with friends, relatives, etc)

- ① All of the time
- ② Most of the time
- ③ Some of the time
- ④ A little of the time
- ⑤ None of the time

## 7. In general would you say your overall health right now is...

- ① Excellent
- ② Very Good
- ③ Good
- ④ Fair
- ⑤ Poor

## 8. Who have you seen for your symptoms?

- ① No One
- ② Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

a. What treatment did you receive and when?

\_\_\_\_\_

b. What tests have you had for your symptoms and when were they performed?

- ① Xrays date: \_\_\_\_\_
- ② MRI date: \_\_\_\_\_
- ③ CT Scan date: \_\_\_\_\_
- ④ Other date: \_\_\_\_\_

## 9. Have you had similar symptoms in the past?

- ① Yes
- ② No

a. If you have received treatment in the past for the same or similar symptoms, who did you see?

- ① This Office
- ② Chiropractor
- ③ Medical Doctor
- ④ Physical Therapist
- ⑤ Other

## 10. What is your occupation?

- ① Professional/Executive
- ② White Collar/Secretarial
- ③ Tradesperson
- ④ Laborer
- ⑤ Homemaker
- ⑥ FT Student
- ⑦ Retired
- ⑧ Other

a. If you are not retired, a homemaker, or a student, what is your current work status?

- ① Full-time
- ② Part-time
- ③ Self-employed
- ④ Unemployed
- ⑤ Off work
- ⑥ Other

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Patient Health Questionnaire - page 2**

ChiroCare of Minnesota, Inc.

ChiroCare Use Only rev 1/20/99

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**What type of regular exercise do you perform?**      ① None      ② Light      ③ Moderate      ④ Strenuous

**What is your height and weight?**      Height 

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      Weight 

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 lbs.  
Feet      Inches

**For each of the conditions listed below, place a check in the Past column if you have had the condition in the past. If you presently have a condition listed below, place a check in the Present column.**

- |  |                       |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
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| <table border="0" style="width: 100%;"> <tr><td style="width: 10%;"><i>Past</i></td><td style="width: 10%;"><i>Present</i></td><td></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Headaches</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Neck Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Upper Back Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Mid Back Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Low Back Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Shoulder Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Elbow/Upper Arm Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Wrist Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hand Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hip/Upper Leg Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Knee/Lower Leg Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Ankle/Foot Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Jaw Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Joint Swelling/Stiffness</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Arthritis</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Rheumatoid Arthritis</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>General Fatigue</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Muscular Incoordination</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Visual Disturbances</td></tr> <tr><td><input type="radio"/></td><td><input 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type="radio"/></td><td>Angina</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Kidney Stones</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Kidney Disorders</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Bladder Infection</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Painful Urination</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Loss of Bladder Control</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Prostate Problems</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Abnormal Weight Gain/Loss</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Loss of Appetite</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Abdominal Pain</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Ulcer</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hepatitis</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Liver/Gall Bladder Disorder</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Cancer</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Tumor</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Asthma</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Chronic Sinusitis</td></tr> </table> | <i>Past</i> | <i>Present</i> |  | <input type="radio"/> | <input type="radio"/> | High Blood Pressure | <input type="radio"/> | <input type="radio"/> | Heart Attack | <input type="radio"/> | <input type="radio"/> | Chest Pains | <input type="radio"/> | <input type="radio"/> | Stroke | <input type="radio"/> | <input type="radio"/> | Angina | <input type="radio"/> | <input type="radio"/> | Kidney Stones | <input type="radio"/> | <input 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type="radio"/></td><td>Dermatitis/Eczema/Rash</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>HIV/AIDS</td></tr> <tr><td colspan="3"><b>Females Only</b></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Birth Control Pills</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Hormonal Replacement</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Pregnancy</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> <tr><td colspan="3"><b>Other Health Problems/Issues</b></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td></td></tr> </table> | <i>Past</i> | <i>Present</i> |  | <input type="radio"/> | <input type="radio"/> | Diabetes | <input type="radio"/> | <input type="radio"/> | Excessive Thirst | <input type="radio"/> | <input type="radio"/> | Frequent Urination | <input type="radio"/> | <input type="radio"/> | Smoking/Use Tobacco Products | <input type="radio"/> | <input type="radio"/> | Drug/Alcohol Dependence | <input type="radio"/> | <input type="radio"/> | Allergies | <input type="radio"/> | <input type="radio"/> | Depression | <input type="radio"/> | <input type="radio"/> | Systemic Lupus | <input type="radio"/> | <input type="radio"/> | Epilepsy | <input type="radio"/> | <input type="radio"/> | Dermatitis/Eczema/Rash | <input type="radio"/> | <input type="radio"/> | HIV/AIDS | <b>Females Only</b> |  |  | <input type="radio"/> | <input type="radio"/> | Birth Control Pills | <input type="radio"/> | <input type="radio"/> | Hormonal Replacement | <input type="radio"/> | <input type="radio"/> | Pregnancy | <input type="radio"/> | <input type="radio"/> |  | <b>Other Health Problems/Issues</b> |  |  | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> |  | <input type="radio"/> | <input type="radio"/> |  |
| <i>Past</i>  | <i>Present</i>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Headaches                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Neck Pain                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Upper Back Pain              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Mid Back Pain                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Low Back Pain                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Shoulder Pain                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Elbow/Upper Arm Pain         |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Wrist Pain                   |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hand Pain                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hip/Upper Leg Pain           |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Knee/Lower Leg Pain          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Ankle/Foot Pain              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Jaw Pain                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Joint Swelling/Stiffness     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Arthritis                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Rheumatoid Arthritis         |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | General Fatigue              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Muscular Incoordination      |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Visual Disturbances          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Dizziness                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <i>Past</i>  | <i>Present</i>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | High Blood Pressure          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Heart Attack                 |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Chest Pains                  |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Stroke                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Angina                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Kidney Stones                |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Kidney Disorders             |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Bladder Infection            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Painful Urination            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Loss of Bladder Control      |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Prostate Problems            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Abnormal Weight Gain/Loss    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Loss of Appetite             |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Abdominal Pain               |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Ulcer                        |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hepatitis                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Liver/Gall Bladder Disorder  |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Cancer                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Tumor                        |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Asthma                       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Chronic Sinusitis            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <i>Past</i>  | <i>Present</i>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Diabetes                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Excessive Thirst             |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Frequent Urination           |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Smoking/Use Tobacco Products |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Drug/Alcohol Dependence      |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Allergies                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Depression                   |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Systemic Lupus               |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Epilepsy                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Dermatitis/Eczema/Rash       |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | HIV/AIDS                     |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <b>Females Only</b>  |                       |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Birth Control Pills          |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Hormonal Replacement         |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> | Pregnancy                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <b>Other Health Problems/Issues</b>  |                       |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <input type="radio"/>  | <input type="radio"/> |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |

**Indicate if an immediate family member has had any of the following:**  
 Rheumatoid Arthritis     Heart Problems     Diabetes     Cancer     Lupus     \_\_\_\_\_

**List all prescription and over-the-counter medications, and nutritional/herbal supplements you are taking:**  
\_\_\_\_\_  
\_\_\_\_\_

**List all the surgical procedures you have had and times you have been hospitalized:**  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Doctor's Additional Comments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_