

Affix Label

Medical History: Women

Has a doctor or nurse ever said you had any of the following:

	No	Yes	Not Sure	
A08HBP	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.01 High blood pressure?
A08HCHOL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.02 High cholesterol?
A08HEART	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.03 Heart problem?
A08DIAB	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.04 Diabetes (high sugar in blood or urine)?
A08KIDNY	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.05 Kidney problem?
A08THYRD	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.06 Thyroid problem?
A08ULCER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.07 Ulcer of your stomach or duodenum?
A08LIVER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.08 Liver problem?
A08CANCER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.09 Cancer or tumor?

Has a doctor or nurse ever said you had any of the following:

	No	Yes	Not Sure	
A08MENTL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.10 Nervous, emotional or mental disorder?
A08GALL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.11 Gallstones or gall bladder disease?
A08SICKLE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.12 Sickle cell trait?
A080THDz	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	1.13 Any other major disease or health problem?

Please answer the following questions:

	No	Yes	Not Sure	
A08HYSTR	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	3.00 Have you had a hysterectomy?
A08TUBAL	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	3.01 Have you had a tubal ligation (had your tubes tied)?
A08MENS1				3.02 How old were you when you began menstruating? _____ years old
A08PREG	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	3.03 Are you pregnant?
A08BRSFD	1 <input type="checkbox"/>	2 <input type="checkbox"/>		3.04 Are you currently breastfeeding?
A08PPREG	1 <input type="checkbox"/>	2 <input type="checkbox"/>	8 <input type="checkbox"/>	3.05 Have you been pregnant in the past?

