

# CONFIDENTIAL DATA

NAME: \_\_\_\_\_ CALLED NAME \_\_\_\_\_  
(FIRST) (MI) (LAST)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ MARITAL STATUS: S M W D

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_  
(HOME) (WORK) (CELL)

EMAIL \_\_\_\_\_ EMPLOYER (IF STUDENT, SCHOOL) \_\_\_\_\_

## SUBSCRIBER INFO (PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE PRIMARY INSURED FAMILY MEMBER):

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SSN: \_\_\_\_\_ RELATIONSHIP TO PATIENT: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(NAME) (PHONE) (RELATIONSHIP)

NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS CLINIC? \_\_\_\_\_

## *FINANCIAL POLICY:*

All fees are charged to the patient's account. If a third party, such as an insurance company, is expected to pay the fees, it is the patient's responsibility to provide accurate information and, when necessary, obtain referrals for services. While we verify benefits as a courtesy, it is the patient's responsibility to be aware of the benefits and limitations of their plan. Please keep in mind that any benefit quoted by insurance is not a guarantee of coverage. The fees for service are ultimately the responsibility of the patient, regardless of insurance coverage. The patient portion of the balance (such as copay, estimate towards deductible, or full balance for those without insurance) is due at the time of service unless arrangements have been made in advance.

Signature: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

## *PRIVACY POLICY:*

Please be informed that according to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) you have the right to privacy in regard to any and all of your health information. You have the right to examine your records. You can authorize a person or company to review your records. Emery Chiropractic Clinic has developed a 30 page manual that explains our policies and your rights. You may see this manual by requesting it from the person at the front counter. By signing below, you acknowledge that you have been made aware of the manual and have read/declined to read the document. You are also authorizing, by your signature, Dr Emery and Emery Chiropractic Clinic, P.C. to use your health care information for the purposes of treatment, payment and/or health care operations.

Signature: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

If the patient is a minor, are you the guardian or parent? YES NO

# Patient Health Questionnaire

ACN Group, Inc. Form PHQ-102

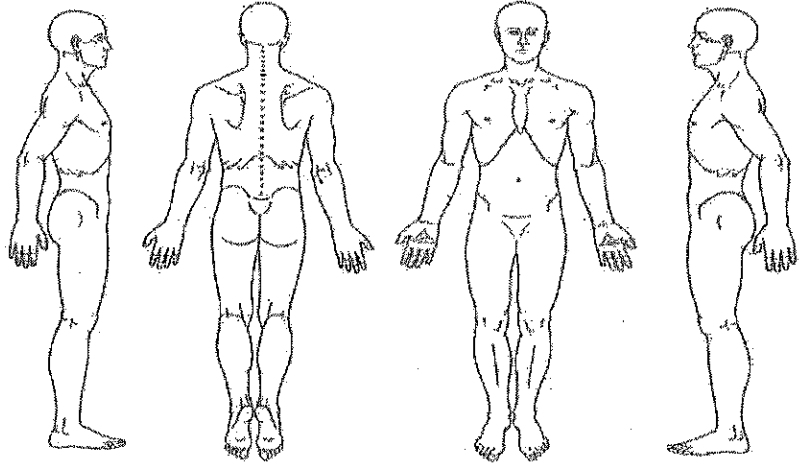
ACN Group, Inc. Use Only rev 3/27/2003

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

1. When did your symptoms start: \_\_\_\_\_ Describe your symptoms and how they began: \_\_\_\_\_

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

4. How are your symptoms changing?

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

5. How bad are your symptoms at their:

- None Unbearable
- a. worst: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
- b. best: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

6. How do your symptoms affect your ability to perform daily activities?

- |               |                               |                                    |                                  |  |                              |   |   |   |   |
|---------------|-------------------------------|------------------------------------|----------------------------------|--|------------------------------|---|---|---|---|
| ①             | ②                             | ③                                  | ④                                | ⑤  | ⑥                            | ⑦ | ⑧ | ⑨ | ⑩ |
| No complaints | Mild, forgotten with activity | Moderate, interferes with activity | Limiting, prevents full activity | Intense, preoccupied with seeking relief | Severe, no activity possible |   |   |   |   |

7. What activities make your symptoms worse: \_\_\_\_\_

8. What activities make your symptoms better: \_\_\_\_\_

9. Who have you seen for your symptoms?

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

a. When and what treatment? \_\_\_\_\_

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

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

10. 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
- ③ Medical Doctor
- ⑤ Other
- ② Other Chiropractor
- ④ Physical Therapist

11. What is your occupation?

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

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

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

12. What do you hope to get from your visit/treatment (select all that apply):

- ① Reduce symptoms
- ③ Explanation of condition/treatment
- ⑤ How to prevent this from occurring again
- ② Resume/increase activity
- ④ Learn how to take care of this on my own
- ⑥

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

**Patient Health Questionnaire - page 2**

ACN Group, Inc. PHQ-102

ACN Group, Inc. Use Only rev 3/27/2003

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%;"><b>Past</b></td><td style="width: 10%;"><b>Present</b></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 type="radio"/></td><td>Dizziness</td></tr> </table> | <b>Past</b>           | <b>Present</b>               |  | <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 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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> | <b>Past</b> | <b>Present</b> |  | <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 | <table border="0" style="width: 100%;"> 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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> | <b>Past</b> | <b>Present</b> |  | <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 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| <b>Past</b>  | <b>Present</b>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <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                    |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <b>Past</b>  | <b>Present</b>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <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            |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <b>Past</b>  | <b>Present</b>        |                              |  |                       |                       |           |                       |                       |           |                       |                       |                 |                       |                       |               |                       |                       |               |                       |                       |               |                       |                       |                      |                       |                       |            |                       |                       |           |                       |                       |                    |                       |                       |                     |                       |                       |                 |                       |                       |          |                       |                       |                          |                       |                       |           |                       |                       |                      |                       |                       |                 |                       |                       |                         |                       |                       |                     |                       |                       |           |  |             |                |  |                       |                       |                     |                       |                       |              |                       |                       |             |                       |                       |        |                       |                       |        |                       |                       |               |                       |                       |                  |                       |                       |                   |                       |                       |                   |                       |                       |                         |                       |                       |                   |                       |                       |                           |                       |                       |                  |                       |                       |                |                       |                       |       |                       |                       |           |                       |                       |                             |                       |                       |        |                       |                       |       |                       |                       |        |                       |                       |                   |  |             |                |  |                       |                       |          |                       |                       |                  |                       |                       |                    |                       |                       |                              |                       |                       |                         |                       |                       |           |                       |                       |            |                       |                       |                |                       |                       |          |                       |                       |                        |                       |                       |          |                     |  |  |                       |                       |                     |                       |                       |                      |                       |                       |           |                       |                       |  |                                     |  |  |                       |                       |  |                       |                       |  |                       |                       |  |
| <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 \_\_\_\_\_

# Oswestry Low Back Pain Scale

Please rate the severity of your pain by circling a number below:

No pain	0	1	2	3	4	5	6	7	8	9	10	Unbearable pain
---------	---	---	---	---	---	---	---	---	---	---	----	-----------------

Please read: This questionnaire has been designed to give the doctor information on how your back pain has affected your ability to manage in everyday life. Please answer every question, and circle only the one statement in each section that applies to you. While you may consider that two of the statements in any one section relate to you, please check just the one which most closely describes your situation.

## Section 1 – Pain Intensity

0. The pain comes and goes and is very mild.
1. The pain is mild and does not vary much.
2. The pain comes and goes and is moderate.
3. The pain is moderate and does not vary much.
4. The pain comes and goes and is severe.
5. The pain is severe and does not vary much.

## Section 2 – Personal Care (Washing, Dressing, etc.)

0. I would not have to change my way of washing or dressing in order to avoid pain.
1. I do not normally change my way of washing or dressing even though it causes some pain.
2. Washing and dressing increase the pain but I manage not to change my way of doing it.
3. Washing and dressing increase the pain and I find it necessary to change my way of doing it.
4. Because of the pain I am unable to do some washing and dressing without help.
5. Because of the pain I am unable to do any washing and dressing without help.

## Section 3 – Lifting

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights but it gives extra pain.
2. Pain prevents me lifting heavy weights off the floor.
3. Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned e.g., on a table.
4. Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
5. I can only lift very light weights at most.

## Section 4 – Walking

0. I have no pain walking.
1. I have some pain walking but it does not increase with distance.
2. I cannot walk more than 1 mile without increasing pain.
3. I cannot walk more than ½ mile without increasing pain.
4. I cannot walk more than ¼ mile without increasing pain.
5. I cannot walk at all without increasing pain.

## Section 5 – Sitting

0. I can sit in any chair as long as I like.
1. I can sit only in my favorite chair as long as I like.
2. Pain prevents me from sitting more than 1 hour.
3. Pain prevents me from sitting more than ½ hour.
4. Pain prevents me from sitting more than 10 minutes.
5. I avoid sitting because it increases pain immediately.

## Section 6 – Standing

0. I can stand as long as I want without pain.
1. I have some pain on standing but it does not increase with time.
2. I cannot stand for longer than 1 hour without increasing pain.
3. I cannot stand for longer than ½ hour without increasing pain.
4. I cannot stand for longer than 10 minutes without increasing pain.
5. I avoid standing because it increases the pain immediately.

## Section 7 – Sleeping

0. I get no pain in bed.
1. I get pain in bed but it does not prevent me from sleeping well.
2. Because of pain my normal nights sleep is reduced by less than one-quarter.
3. Because of pain my normal nights sleep is reduced by less than one-half.
4. Because of pain my normal nights sleep is reduced by less than three-quarters.
5. Pain prevents me from sleeping at all.

## Section 8 – Social Life

0. My social life is normal and gives me no pain.
1. My social life is normal but it increases the degree of pain.
2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
3. Pain has restricted my social life and I do not go out very often.
4. Pain has restricted my social life to my home.
5. I have hardly any social life because of the pain.

## Section 9 – Traveling

0. I get no pain when traveling.
1. I get some pain when traveling but none of my usual forms of travel make it any worse.
2. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
3. I get extra pain while traveling which compels to seek alternative forms of travel.
4. Pain restricts me to short necessary journeys under ½ hour.
5. Pain restricts all forms of travel.

## Section 10 – Changing Degree of Pain

0. My pain is rapidly getting better.
1. My pain fluctuates but is definitely getting better.
2. My pain seems to be getting better but improvement is slow.
3. My pain is neither getting better or worse.
4. My pain is gradually worsening.
5. My pain is rapidly worsening.

TOTAL \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

# NECK DISABILITY INDEX

Please rate the severity of your pain by circling a number below:

No pain	0	1	2	3	4	5	6	7	8	9	10	Unbearable pain
---------	---	---	---	---	---	---	---	---	---	---	----	-----------------

Please read: This questionnaire has been designed to give the doctor information on how your neck pain has affected your ability to manage in everyday life. Please answer every question, and circle only the **one** statement in each section that applies to you. While you may consider that two of the statements in any one section relate to you, please check just the **one** which most closely describes your situation.

## Section 1 -- Pain Intensity

0. I have no pain at the moment.
1. The pain is mild at the moment.
2. The pain comes and goes and is moderate.
3. The pain is moderate and does not vary much.
4. The pain comes and goes and is severe.
5. The pain is severe and does not vary much.

## Section 2 -- Personal Care (Washing, Dressing, etc.)

0. I can look after myself without causing extra pain.
1. I can look after myself normally but it causes extra pain.
2. It is painful to look after myself and I am slow and careful.
3. I need some help, but manage most of my personal care.
4. I need help every day in most aspects of self-care.
5. I do not get dressed; I wash with difficulty and stay in bed.

## Section 3 -- Lifting

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights but it causes extra pain.
2. Pain prevents me lifting heavy weights off the floor, but I can if they are conveniently positioned, e.g. on the table.
3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
4. I can lift very light weights.
5. I cannot lift or carry anything at all.

## Section 4 -- Reading

0. I can read as much as I want to with no pain in my neck.
1. I can read as much as I want with slight pain in my neck.
2. I can read as much as I want with moderate pain in my neck.
3. I cannot read as much as I want because of moderate pain in my neck.
4. I cannot read as much as I want because of severe pain in my neck.
5. I cannot read at all.

## Section 5 -- Headache

0. I have no headache at all.
1. I have slight headaches which come infrequently.
2. I have moderate headaches which come infrequently.
3. I have moderate headaches which come frequently.
4. I have severe headaches which come frequently.
5. I have headaches most of the time.

## Section 6 -- Concentration

0. I can concentrate fully when I want to with no difficulty.
1. I can concentrate fully when I want to with slight difficulty.
2. I have a fair degree of difficulty in concentrating when I want to.
3. I have a lot of difficulty in concentrating when I want to.
4. I have a great deal of difficulty in concentrating when I want to.
5. I cannot concentrate at all.

## Section 7 -- Work

0. I can do as much work as I want to.
1. I can only do my usual work, but no more.
2. I can do most of my usual work, but no more.
3. I cannot do my usual work.
4. I can hardly do any work at all.
5. I cannot do any work at all.

## Section 8 -- Driving

0. I can drive my car without neck pain.
1. I can drive my car as long as I want with slight pain in my neck.
2. I can drive my car as long as I want with moderate pain in my neck.
3. I cannot drive my car as long as I want because of moderate pain in my neck.
4. I can hardly drive my car at all because of severe pain in my neck.
5. I cannot drive my car at all.

## Section 9 -- Sleeping

0. I have no trouble sleeping.
1. My sleep is slightly disturbed (less than 1 hour sleepless).
2. My sleep is mildly disturbed (1-2 hours sleepless).
3. My sleep is moderately disturbed (2-3 hours sleepless).
4. My sleep is greatly disturbed (3-5 hours sleepless).
5. My sleep is completely disturbed (5-7 hours sleepless).

## Section 10 - Recreation

0. I am able to engage in all recreational activities with no pain in my neck.
1. I am able to engage in all recreational activities with some pain in my neck.
2. I am able to engage in most, but not all recreational activities because of pain in my neck.
3. I am able to engage in a few of my usual recreational activities because of my neck pain.
4. I can hardly do any recreational activities because of pain in my neck.
5. I cannot do any recreational activities at all.

TOTAL \_\_\_\_\_

Print name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_