**GENERAL HEALTH QUESTIONS**

**The following questions are related to your general health**

*Please* ***circle*** *the response that applies to you*

|  |  |
| --- | --- |
| 1. Have you ever had a heart attack? | YES/NO |
| 2. Have you ever been treated for heart failure?  (You may have been short of breath and the doctor may have told you that you had fluid in your lungs or that your heart was not pumping well.) | YES/NO |
| 3. Have you had an operation to unclog or bypass the arteries in your legs? | YES/NO |
| 4. Have you had a stroke, cerebrovascular accident (CVA), blood clot or bleeding in the brain or transient ischemic attack (TIA)? | YES/NO |
| 5. Do you have asthma? | YES/NO |
| **If yes**, do you take medicines for your asthma?  a. no b. yes, only with flare-ups of my asthma c. Yes, I take medicines regularly, even when I’m not having a flare up | A/B/C |
| 6. Do you have emphysema, chronic bronchitis, or chronic obstructive lung disease? | YES/NO |
| **If yes**, do you take medicine for your lung disease? a. no b. yes, only with flare-ups of my lung disease c. Yes, I take medicines regularly, even when I’m not having a flare up | A/B/C |
| 7. Do you have stomach ulcers, or peptic ulcer disease? | YES/NO |
| **If yes**, has this condition been diagnosed by endoscopy (where a doctor looks into your stomach through a scope) or an upper GI or barium swallow study (where you swallow chalky dye and then x-rays are taken)? | YES/NO |

|  |  |
| --- | --- |
| 8. Do you have diabetes (high blood sugar)? | YES/NO |
| **If yes**, is your diabetes treated by a. modifying my diet c. medications taken by mouth d. insulin injections  has the diabetes caused any of the following problems a. problems with your kidneys  b. problems with your eyes, treated by an ophthalmologist | A/B/C  A/B |
| 9. Do you have rheumatoid arthritis?  **If yes** do you take medications for it regularly? | YES/NO  YES/NO |
| Do you have Lupus (systemic lupus erythematosus)? | YES/NO |
| Do you have Polymyalgia rheumatica? | YES/NO |
| 10. Do you have any of the following conditions: |  |
| i) Alzheimer’s disease or any other form of dementia | YES/NO |
| ii) Cirrhosis, or serious liver damage | YES/NO |
| iii) Leukemia or polycythemia vera | YES/NO |
| iv) Lymphoma | YES/NO |
| v) Cancer, other than skin cancer, leukaemia or lymphoma?  **If yes**  has this been present for more than 5 years?  Has the cancer spread, or metastasized to other parts of your body? | YES/NO  YES/NO  YES/NO |
| vi) AIDs | YES/NO |
| Do you have any other joint problems?  **If yes**, please provide details | YES/NO |