

## General Medical History

1. Have you ever had any of the following serious medical problems?

1a. Were you ever hospitalized for (illness)?

[CIRCLE RESPONSE IN COLUMN C "HOSPITAL"]

1b. [IF YES TO ILLNESS] What was your age the first time it happened?

[RECORD AGE IN COLUMN D "AGE OF ONSET"]

Column A- Illness	B – Ever No    Yes	C – Hospital No    Yes	D – Age of Onset
a. Encephalitis/Meningitis			
b. Head Injury			
c. Convulsions, Seizures, Epilepsy			
d. Other Neurological/Neuromuscular Disorder			
e. Heart Disease			
f. Allergies			
g. Asthma			
h. Liver Disease			
i. Hepatitis			
j. Kidney Disease			
k. Musculo-Skeletal Disease			
l. Thyroid Disease			
m. Hearing Problem			
n. Diabetes			
o. Rheumatologic Disease (e.g., Arthritis)			
p. Blood Disorder			
q. Cancer			
r. Eye Problems (e.g., Conjunctivitis)			
s. Pneumonia			
t. Tuberculosis			
u. Other serious illness (Specify:_____)			
v. Other serious illness (Specify:_____)			
w. Other serious illness (Specify:_____)			