

Name: First Name MI Last Name	Date of Birth:
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	Patient Code:
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Please do not select anything if the answer is no or negative.
Select Rarely 'R' if this is an uncommon event or symptom.
Select Frequent 'F' if this is a common event or symptom.
Select Always 'A' if this is a persistent event or symptom. Also
select 'A' for Yes

At first glance there may seem to be a lot of questions. But
each of these questions were selected because of their direct
or indirect relation to the symptoms mentioned.

Section 11

51. R F A Allergies

Section 12

52. R F A Sick more often

Section 13

53. R F A Cholesterol problems

54. R F A Cholesterol medication

55. R F A Gall bladder attacks