

Family History (continuation):

Please fill in the circle for the disease common in your family and let us know who had it: Arthritis:

		Who had it			Who had it
Arthritis type unknown	0	_____	Lupus or SLE	0	_____
Osteoarthritis (Arthritis of the elderly)	0	_____	Ankylosing spondylitis	0	_____
Rheumatoid arthritis (Crippling arthritis)	0	_____	Osteoporosis	0	_____
Gout	0	_____	Back problems	0	_____

Other diseases in the family:

Hypertension	0	Stomach ulcers	0	High cholesterol or triglycerides	0
Diabetes	0	Colitis or Crohn's disease	0	Cancer: _____	0
Coronary Heart Disease	0	Other stomach problems	0	Leukemia	0
History of a heart attack	0	Bad headaches or migraines	0	Anemia	0
Other heart diseases	0	History of a stroke	0	Depression	0
COPD	0	Seizures	0	AIDS or HIV	0
Asthma	0	Other neurological disease	0	Psoriasis	0
Other lung diseases	0	Goiter or thyroid problems	0	Tuberculosis	0
Reflux	0	Other endocrinologic disease	0	Blindness or glaucoma	0

Please tell us who had the disease: _____

Please describe any other disease not previously indicated: _____

Social History: Tell us about you:

What is your highest grade of education?	Elementary School 1 2 3 4 5	Middle School 6 7 8	High School 9 10 11 12	College 1 2 3 4 5+	Graduate School _____
Marital status	Single, never married 0	Married, Common Law 0 0	Divorced 0	Widow 0	Same sex partner 0

What is your present occupation: _____

Do you exercise?	No 0	Yes 0	Hours per week _____	Type of exercise _____	
Do you smoke?	Never did 0	Presently smoking 0	Packs per day _____	Years you have smoked _____	Smoked but quit When? _____ How long did you smoke? _____ years
Do you drink alcohol?	Never do 0	Socially 0	Amount per week _____ oz	Every day 0	Type of alcohol beverage you prefer _____
Do you take drugs for other than your medical condition?	Never did 0	Presently using them 0	Used to but are "clean" now 0	Years you have use them _____	Type of drug you prefer _____
Do you drink caffeinated drinks?	No 0	Yes 0	Amount in cups per day _____	_____	Type of drink you prefer _____