

10. Have you recently had fever, chills, cold, or flu? \_\_\_\_\_
11. Have you ever been told you have sugar diabetes? \_\_\_\_\_
12. Do you wake up to urinate more than once a night? \_\_\_\_\_
13. Do you have muscle cramps or spasms? \_\_\_\_\_
14. Do you have problems with your lungs and chest (e.g., chest pain, skipped heart beats, high blood pressure)? \_\_\_\_\_
15. Do you have problems with your lungs or chest (e.g., smoke one pack or more per day, shortness of breath, chest pain, emphysema, asthma, bronchitis)? \_\_\_\_\_
16. Have you recently been exposed to anyone with hepatitis (yellow jaundice)? \_\_\_\_\_
17. Are you pregnant? \_\_\_\_\_
18. Is there any possibility that you are pregnant? \_\_\_\_\_
19. Do you have a cough, or do you cough frequently? \_\_\_\_\_
20. Do you cough up sputum? \_\_\_\_\_
21. When you cough up sputum, have you noticed a change in the color or consistency or type of the sputum? \_\_\_\_\_
22. Do you have epilepsy, fits, or seizures? \_\_\_\_\_
23. Do you have neck or back problems? \_\_\_\_\_
24. Have you or any blood relative had problems related to an operation? \_\_\_\_\_
25. Have you lost weight recently? \_\_\_\_\_
26. Are you scheduled to have an operation?  
If so, which one? \_\_\_\_\_
27. What medicines do you take?  
a. \_\_\_\_\_ d. \_\_\_\_\_  
b. \_\_\_\_\_ e. \_\_\_\_\_  
c. \_\_\_\_\_ f. \_\_\_\_\_

Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_