



The ACT Project
Medical History Form
University of Washington
March 11, 2006

PAGE 1

VISIT 01
FORM 23 77

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
Date: 13 14/15 16/17 18
DATE_MO /DATE_DAY/DATE_YR

This form will help us learn more about your medical background. We are asking these questions to find out about the types of medical problems that occur to people as they get older.

Please answer all questions as completely as you can. Take your time. You may want to double check information you are not sure about. If that is not possible, please estimate.

This information will be kept confidential as provided by law and used only for research purposes. You have the right not to answer any question you choose.

November 2005:

Questions Added : 2A1-2B2, 12

Question 12 (BCSQ) added

Questions Removed: 17A4, 17B1, 17B3, 17D1-D3, F5, H6, I5, I6, I11

January 2008 Question Added : 9D

April 2008

Question Added : 1A

Questions Removed: 6A-F, 14A & B, 16A-C, 17B2-4, 17D4-5, 17F3-4, 17G10, 17H1, 17I1-I3.

ADD wording "or cardiac stent" to #17G8

October 2015

Remove page 1 Instructions.

Questions removed: 2-2B2, 3A-E, 4A-4, 5A-F, 10 H-I (now list in 9C), 15, 17 A3, 17C1-C4, 17E1-E5, 17 F1-F2, 17 H2-H5, 17I8

Questions Added DURATION to Q. 11

Add additional lines for medication in 9C. 16-23

September 11, 2019

Question 5 (MED5_1) and year added back to form.

September 03, 2020

Q.#12 Coding and error check program changed to not skip if Q. 12 (MED12) = 1.

Perceived Health

1. In general, how would you rate your health at this time?
(circle appropriate number):

Entry part of PAGE 1.

Q. 1A New Variable
added 04/2008

Excellent..... 1
Very good..... 2
Good..... 3 **19 MED1**
Fair..... 4
Poor..... 5 Yes No ?

- 1A. Have you been a Group Health member for the past 12 months?
If YES, go to question 3.

1 0 9

20 GHC_MEM

2. How many different times were you in the hospital at least
overnight in the past 12 months?..... **MED2 21 22** times

Entry part of PAGE 4

Q. 2A1-2B2
New
Variable
added
12/2005

**If hospitalized at least overnight, please specify the name of
the hospital(s) and the location(s): MED2A1**

2A1. Name of hospital: _____

2A2. Hospital location: City: **MED2A2C** State: **MED2A2S**

Q. 2-2B2
removed
10/21/2015

2B1. Name of hospital: **MED2B1**

2B2. Hospital location: City: **MED2B2C** State: **MED2B2S**

OFFICE USE			
Code Hospital	<u>54</u>	<u>55</u>	<u>56</u>
City	<u>57-71</u>	ST	<u>72 73</u>
OFFICE USE			
Code Hospital	<u>74</u>	<u>75</u>	<u>76</u>
City	<u>77-91</u>	ST	<u>92 93</u>
// Page 4 ends			

Entry part of PAGE 1

3. Have you used any of the following services in the past 12
months? (Circle appropriate number)

Yes No ? # of days

Q. 3A-E
Removed
10/21/2015

A. Adult day care center.....**MED3A1 23**... 1 0 9 24 25 26 **MED3A2**

B. Home health care/ visiting nurse.....**MED3B1 27**... 1 0 9 28 29 30 **MED3B2**

C. Nursing home.....**MED3C1 31**... 1 0 9 32 33 34 **MED3C2**

D. Rehabilitation hospital.....**MED3D1 35**... 1 0 9 36 37 38 **MED3D2**

E. Handivan/handicab.....**MED3E1 39**... 1 0 9 40 41 42 **MED3E2**

Cardiovascular History

Yes No ? Starting Year

Entry part of PAGE 1.

4. Have you ever experienced any pain, discomfort, pressure or heaviness in your chest?..... 1 0 9 **43 MED4**
If NO, go to question 4G.
- If YES:**
- A. Does this happen when you walk uphill or hurry?..... 1 0 9 **44 MED4A**
- B. Does this happen when you walk at an ordinary pace on level ground?..... 1 0 9 **45 MED4B**
If A and B are NO, go to question 4D.
- C. What do you do when this happens while you are walking?.....
1. Stop/slow down..... 1 0 **46 MED4C1**
2. Go at same pace..... 1 0 **47 MED4C2**
- D. Does it go away when you stand still?..... 1 0 9 **48 MED4D**
49 50 MED4D1
If YES, in how many minutes?..... _ _
- E. Does it go away if you use nitroglycerin?... 1 0 9 **51 MED4E**
52 53 MED4E1
If YES, in how many minutes?..... _ _
- F. Have you had a severe pain across your chest lasting for half an hour or more?..... 1 0 9 **54 MED4F1**
55 - 58 MED4FY

- Have you experienced:
- 59 MED4G1**
- G. Sudden weakness/paralysis of an arm or leg for more than 24 hours?..... 1 0 9 **60 - 63 MED4GY**

- H. Sudden tingling/numbness/loss of sensation over an arm or leg for 24 hours?... 1 0 9 **64 MED4H1**
65 - 68 MED4HY

- I. Sudden blindness, blurring of vision or double vision for 24 hours?..... 1 0 9 **69 MED4I1**
70 - 73 MED4IY

- J. Sudden disturbance of speech for more than 24 hours?..... 1 0 9 **74 MED4J1**
75 - 78 MED4JY

- K. Sudden dizziness or loss of balance for more than 24 hours?..... 1 0 9 **79 MED4K1**
80 - 83 MED4KY

Blood Sugar

Entry part of PAGE 1.

Yes No ? Starting Yr.

10/21/2015 5. Has your doctor told you that you have diabetes mellitus or high blood sugar?..... **84 MED5_1** 1 0 9 **85 - 88 MED5_Y**
 Q. 5A - F Removed

If NO, go to question 7A.

09/11/2019
 Q. #5 (MED5_1)
 And Q. # 5 year
 (MED5_Y) added
 back.

If YES:

- A. Do you take insulin now?..... 1 0 9 **89 MED5A**
- B. Have you ever taken insulin (for 6 months or more)? 1 0 9 **90 MED5B**
- C. If YES, for how many years?..... **91 92 MED5C**
- D. Do you take pills to control your blood sugar now?...1 0 9 **93 MED5D**
- E. Did you ever take pills to control your blood sugar?...1 0 9 **94 MED5E**
- F. If YES, for how many years?..... **95 96 MED5F**

6. Have you had any complications of diabetes, such as:

Q. 6A -F
 Removed
 04/2008

- A. Coma?..... **97 MED6A1** 1 0 9 **98-101 MED6AY**
- B. Kidney disease?..... **102 MED6B1** 1 0 9 **103-106 MED6BY**
- C. Poor circulation in the feet?..... **107 MED6C1** 1 0 9 **108-111 MED6CY**
- D. Amputation? **112 MED6D1** 1 0 9 **113-116 MED6DY**
- E. Blindness? **117 MED6E1** 1 0 9 **118-121 MED6EY**
- F. Other?..... **122 MED6F1** 1 0 9 **123-126 MED6FY**

Please list other complications: _____

OFFICE USE
 130
 127 128 129 131 132
 (CODE PROBLEM)

MED6O

Medications

Yes No ? # of Years

- 7A. Are you taking prescribed medication for blood pressure now?..... **133 MED7A1** 0 9 **Entry part of PAGE 1.**
- 7B. Have you ever taken prescribed medication for blood pressure?..... **134 MED7B1** 1 0 9 **135 136 MED7BY**
- 8A. Are you taking prescribed medications to lower your cholesterol now?..... **137 MED8A** 1 0 9
- 8B. Have you ever taken prescribed medications to lower your cholesterol?..... **138 MED8B1** 1 0 9 **139 140 MED8BY**
- 9A. Are you participating in any drug trial?..... **141 MED9A** 1 0 9
If NO, go to question 9C.
- 9B. If YES, please specify _____
- 9C. Please list the prescription drugs you are taking now and also list the over-the-counter medication (i.e., Tylenol, aspirin):

New Variables added for new Cohort: 13, 14, 15 01/2001

1. _____ **MED9C1**
2. _____ **MED9C2**
3. _____ **MED9C3**
4. _____ **MED9C4**
5. _____ **MED9C5**
6. _____ **MED9C6**
7. _____ **MED9C7**
8. _____ **MED9C8**
9. _____ **MED9C9**
10. _____ **MED9C10**
11. _____ **MED9C11**
12. _____ **MED9C12**
13. _____ **MED9C13**
14. _____ **MED9C14**
15. _____ **MED9C15**
16. _____ **MED9C16**
17. _____ **MED9C17**
18. _____ **MED9C18**
19. _____ **MED9C19**
20. _____ **MED9C20**
21. _____ **MED9C21**
22. _____ **MED9C22**
23. _____ **MED9C23**

Add additional lines 16-23 because Q. 10 was removed 10/21/2015

Office use only	
1.	<u>142-145</u> _____
2.	<u>146-149</u> _____
3.	<u>150-153</u> _____
4.	<u>154-157</u> _____
5.	<u>158-161</u> _____
6.	<u>162-165</u> _____
7.	<u>166-169</u> _____
8.	<u>170-173</u> _____
9.	<u>174-177</u> _____
10.	<u>178-181</u> _____
11.	<u>182-185</u> _____
12.	<u>186-189</u> _____
13.	<u>190-193</u> _____
14.	<u>194-197</u> _____
15.	<u>198-201</u> _____
16.	<u>202-205</u> _____
17.	<u>206-209</u> _____
18.	<u>210-213</u> _____
19.	<u>214-217</u> _____
20.	<u>218-221</u> _____
21.	<u>222-225</u> _____
22.	<u>226-229</u> _____
23.	<u>230-233</u> _____

01/2002 Change Column #'s for KP for MED9C12 - MED12B

- 9D. In the last two years, when you received prescription medications, how much of your prescriptions did you receive from the GHC pharmacy? (Circle One) **RXATGHC 234**
- | | |
|---------------------------|-----------------------------------|
| 1. All - 100% | 5. None or very little - 0 to 20% |
| 2. Almost all - 81 to 99% | 6. No care received at GHC |
| 3. Most - 51 to 80% | 9. Don't know |
| 4. Some - 21 to 50% | |

Q. 9D Added 01/2008

Vitamins

Yes No ?

Q. 10A – I Removed 10/21/2015	10.	Have you taken vitamin or dietary supplements for at least one week in the past month? (Check appropriate box).....	1	0	9	235 MED10
		If YES, complete questions below. If NO, go to question 11.				
	A.	Vitamin A.....	1	0	9	236 MED10A
	B.	Vitamin C.....	1	0	9	237 MED10B
	C.	Vitamin E.....	1	0	9	238 MED10C
	D.	Vitamin - Multi.....	1	0	9	239 MED10D
	E.	Minerals/Calcium.....	1	0	9	240 MED10E
	F.	Fish Oil Supplements.....	1	0	9	241 MED10F
	G.	Other 1 _____	1	0	9	242 MED10G
	H.	Other 2 _____	1	0	9	243 MED10H
I.	Other 3 (please include all other vitamins or food Supplements here): _____	1	0	9	244 MED10I // END of PAGE 1	

Physical Activity

PAGE 2 VISIT FORM(77) SUBJECT	456789	11.	During the last year, how many days per week did you do each of the following for at least 15 minutes at a time?	0 = none						
				7 = daily	15 min	16-30min	31-45 min	46-60min		
		A.	Walking for exercise.....	MED11A	10	MED11A_D 11	1	2	3	4
		B.	Hiking.....	MED11B	12	MED11B_D 13	1	2	3	4
		C.	Bicycling or exercycle.....	MED11C	14	MED11C_D 15	1	2	3	4
		D.	Aerobics and calisthenics.....	MED11D	16	MED11D_D 17	1	2	3	4
		E.	Swimming.....	MED11E	18	MED11E_D 19	1	2	3	4
		F.	Water aerobics.....	MED11F	20	MED11F_D 21	1	2	3	4
		G.	Weight training or strengthening....	MED11G	22	MED11G_D 23	1	2	3	4
		H.	Other exercise (specify): _____	MED11H	24	MED11H_D 25	1	2	3	4

**Added
DURATIONS
for 11A-H.
10/21/2015**

For Women Only

Entry part of PAGE 2.

If you are MALE, go to question 13.

If you are a FEMALE, Only ask if participant has not completed the BCSQ

12. BCSQ completed?..... 1= yes 0=No 9=Unknown 26 MED12

Q. 12 Added 12/2005

If you are FEMALE:

A. What year did you start menstruating? 27 28 29 30 MED12A

B. What year did you go through menopause or the "change of life"?..... 31 32 33 34 MED12B

C. Was your menopause natural or artificially induced (hysterectomy)?

Natural..... 1

Artificial..... 0 35 MED12C

Don't know..... 9

D1. Have you had a hysterectomy?

Yes..... 1

36 MED12D1

No..... 0

Don't know..... 9

If NO, go to question 12E.

D2. If YES, what year was it?..... 37 38 39 40 MED12D2

E. How many pregnancies have you had? (Include spontaneous miscarriages and induced abortions, stillbirths and live-born children)..... 41 42 MED12E

Yes No ? # of Years

F1. Are you taking hormone replacement therapy such as estrogen or progesterone now?.....

1 0 9 43 MED12F1

F2. Have you ever taken estrogen or Progesterone hormones in the past (for 6 months or more)?.....44 MED12F2A

1 0 9 45 46 MED12F2B

F3. If you have taken hormones in the past for more than 6 months and then stopped, in what year did you stop taking them for good?.....

47 48 49 50 MED12F3

G. Did you ever take birth control pills?.....51 MED12GA

1 0 9 52 53 MED12GB

Fractures

13. Since age 50, have you had a: **Entry part of PAGE 2.** Yes No ? Yr. Of Fracture

- A. Fracture of the hip?..... **54 MED13A1** 1 0 9 55 56 57 58 **MED13AY**
- B. Fracture of the spine?..... **59 MED13B1** 1 0 9 60 61 62 63 **MED13BY**
- C. Fracture of the forearm?..... **64 MED13C1** 1 0 9 65 66 67 68 **MED13CY**
- D. Other fractures since age 50? **69 MED13D1** 1 0 9
If NO, go to question 14.

If YES, please list other fractures
 And the year they occurred:

- 1. _____ **MED13DY1** 70 71 72 73
- 2. _____ **MED13DY2** 80 81 82 83
- 3. _____ **MED13DY3** 90 91 92 93
- 4. _____ **MED13DY4** 100 101 102 103
- 5. _____ **MED13DY5** 110 111 112 113
- 6. _____ **MED13DY6** 120 121 122 123

CODE FRACTURES	
1. <u>74 75 76 77 78 79</u>	MED13DF1
2. <u>84 85 86 87 88 89</u>	MED13DF2
3. <u>94 95 96 97 98 99</u>	MED13DF3
4. <u>104 105 106 107 108 109</u>	MED13DF4
5. <u>114 115 116 117 118 119</u>	MED13DF5
6. <u>124 125 126 127 128 129</u>	MED13DF6

Special Diets

Q. 14A-B Removed 04/2008

- | | Yes | No | ? | # Of Years |
|---|--------------------|----|---|-------------------------------|
| 14. A. Are you presently following a diabetic diet?. | 1 | 0 | 9 | <u>131 132</u> MED14A2 |
| B. Have you been following a low salt diet?... | 1 | 0 | 9 | <u>134 135</u> MED14B2 |
| | 133 MED14B1 | | | |
| C. Have you been following a diet to lower cholesterol, such as avoiding fatty meats, eggs, and butter? | 1 | 0 | 9 | <u>137 138</u> MED14C2 |
| | 136 MED14C1 | | | |

Q. 15 Removed 10/21/2015

Sleep

- 15. A. When you are sleeping, how often do you snore loudly?
- Never..... 0
- Rarely..... 1 **139 MED15**
- Sometimes..... 2
- Often..... 3
- Always..... 4
- Don't Know..... 9

(Q. 16A-C Removed 4/2008)

Leg cramps

		<u>Yes</u>	<u>No</u>	<u>?</u>	
16.	A. Do you get cramps in your calves while you're in bed at night?..... If NO, go to question 16C.	1	0	9	140 MED16A
	B. If YES, how often does this happen? Every night.....1 2-6 times per week.....2 Once a month or less.....3				141 MED16B
	C. Do you regularly have feet that are cold and that just can't seem to warm up?..... If YES, for how many years?.....	1	0	9	142 MED16C 143 144 MED16CB

Other Diagnoses/ Hospitalizations

17. Have you ever been hospitalized for, or has a doctor ever told you that you have any of the following conditions?

First
Diagnosed (YR)

<u>Yes</u>	<u>No</u>	<u>?</u>	
------------	-----------	----------	--

Neurological

A1.	Epilepsy:.....	145 MED17A1A	1	0	9	146-149 MED17A1Y _ _ _ _
A2.	Parkinson's Disease:.....	150 MED17A2A	1	0	9	151-154 MED17A2Y _ _ _ _
Q. A3. Removed 10/21/2015		155 MED17A3A				
A3.	Are you taking medications for Parkinson's?		1	0	9	156-159 MED17A3Y _ _ _ _
Q. A4. Removed 12/2005						
A4.	Huntington's Chorea:.....	160 MED17A4A	1	0	9	161-164 MED17A4Y _ _ _ _
A5.	Sleep apnea.....	165 MED17A5A	1	0	9	166-169 MED17A5Y _ _ _ _
A6.	Other neurological (specify):	170 MED17A6A	1	0	9	171-174 MED17A6Y _ _ _ _

OFFICE USE
175 176 177 178 179 180
(CODE DISEASE)

Q. B1 Removed 12/2005

MED17AO

Q. B2 Removed 04//2008

Viral

B1.	Mononucleosis:.....	181 MED17B1A	1	0	9	182-185 MED17B1Y _ _ _ _
B2.	Shingles:.....	186 MED17B2A	1	0	9	187-190 MED17B2Y _ _ _ _

Q. B3 Removed 12/2005
 Q. B4 Removed 4/2008

Yes No ? First
 Diagnosed (YR)

B3. Meningitis/encephalitis:.....191 MED17B3A 1 0 9 192-195 MED17B3Y
 B4. Other viral (specify): 196 MED17B4A 1 0 9 197-200 MED17B4Y

OFFICE USE
 201 202 203 204 205 206
 (CODE DISEASE)

Q. C1-C4. Removed 10/21/2015

MED17BO

Joint Disease

C1. Osteoarthritis.....207 MED17C1A 1 0 9 208-211 MED17C1Y
 C2. Gout.....212 MED17C2A 1 0 9 213-216 MED17C2Y
 C3. Osteoporosis.....217 MED17C3A 1 0 9 218-221 MED17C3Y
 C4. Other joint disease (excluding cancer): 222 MED17C4A 1 0 9 223-226 MED17C4Y

OFFICE USE
 227 228 229 230 231 232
 (CODE DISEASE)

// end of PAGE 2

PAGE 3

VISIT 0 1
 FORM (77) 2 3
 SUBJECT 4 5 6 7 8 9

Allergies

Q. D1-D3
 Removed
 12/2005
 Q. D4-D5
 Removed

D1. Hay fever:.....10 MED17D1A 1 0 9 11-14 MED17D1Y
 D2. Eczema:.....15 MED17D2A 1 0 9 16-19 MED17D2Y
 D3. Hives:.....20 MED17D3A 1 0 9 21-24 MED17D3Y
 D4. Drug allergy (specify): 25 MED17D4 1 0 9 26-29 MED17D4Y

OFFICE USE
 30 31 32 33 34 35
 (CODE ALLERGY)

D5. Food allergy (specify): 36 MED17D5A 1 0 9 37-40 MED17D5Y

OFFICE USE
 41 42 43
 (CODE ALLERGY)

			Yes	No	?	First Diagnosed (YR)	
Digestive Problems							
Q. E1-E5 Removed 10/21/2015	E1.	Cholecystitis or gall stones:.....44 .	MED17E1A	1	0	9	<u>45 - 48</u> MED17E1Y
	E2.	Hepatitis or cirrhosis of the liver: 49	MED17E2A	1	0	9	<u>50 - 53</u> MED17E2Y
	E3.	Diverticulosis or diverticulitis of the large bowel: 54	MED17E3A	1	0	9	<u>55 - 58</u> MED17E3Y
	E4.	Polyps of the large bowel:..... 59	MED17E4A	1	0	9	<u>60 - 63</u> MED17E4Y
	E5.	Ulcer (stomach or peptic):..... 64	MED17E5A	1	0	9	<u>65 - 68</u> MED17E5Y
Thyroid disease							
Q. F1-F2 Removed 10/21/2015	F1.	Hyperthyroid disease (overactive thyroid):.....	69 MED17F1A	1	0	9	<u>70 - 73</u> MED17F1Y
			74 MED17F2A				
Q. F3-F4 Removed 04/2008	F2.	Hypothyroid disease (underactive thyroid):.....	79 MED17F3A	1	0	9	<u>75 78</u> MED17F2Y
Q. F5 Removed 12/2005	F3.	Thyroid disease - goiter:.....	84 MED17F4A	1	0	9	<u>80 - 83</u> MED17F3Y
	F4.	Do you take medication for thyroid disease now?	89 MED17F5A	1	0	9	<u>85 - 88</u> MED17F4Y
	F5.	Have you ever taken thyroid medication?.....		1	0	9	<u>90 - 93</u> MED17F5Y
Coronary							
	G1.	Congestive heart failure.....	94 MED17G1A	1	0	9	<u>95 - 98</u> MED17G1Y
	G2.	Heart attack/coronary.....	99 MED17G2A	1	0	9	<u>100-103</u> MED17G2Y
	G3.	Angina pectoris.....	104 MED17G3A	1	0	9	<u>105-108</u> MED17G3Y
	G4.	High blood pressure/hypertension.....	109 MED17G4A	1	0	9	<u>110-113</u> MED17G4Y
	G5.	Stroke, cerebral hemorrhage or apoplexy.....	114 MED17G5A	1	0	9	<u>115-118</u> MED17G5Y
	G6.	Small strokes/TIA's.....	119 MED17G6A	1	0	9	<u>120-123</u> MED17G6Y
Q. G8. Added "or cardiac stent" 04/2008	G7.	Coronary bypass surgery.....	124 MED17G7A	1	0	9	<u>125-128</u> MED17G7Y
	G8.	Balloon angioplasty or cardiac stent.....	129 MED17G8A	1	0	9	<u>130-133</u> MED17G8Y
	G9.	Surgery on arteries of neck.....	134 MED17G9A	1	0	9	<u>135-138</u> MED17G9Y
Q. G10 Removed 04/2008	G10.	Heart rhythm difficulties.....	139 ME17G10A	1	0	9	<u>140-143</u> ME17G10Y
	G11.	Pacemaker.....	144 ME17G11A	1	0	9	<u>145-148</u> ME17G11Y

		Yes	No	?	First Diagnosed (YR)
Respiratory					
H1.	Acute bronchitis:.....149 MED17H1A	1	0	9	150-153 MED17H1Y
H2.	Chronic bronchitis:.....154 MED17H2A	1	0	9	155-158 MED17H2Y
H3.	Pneumonia:.....159 MED17H3A	1	0	9	160-163 MED17H3Y
H4.	Emphysema:.....164 MED17H4A	1	0	9	165-168 MED17H4Y
H5.	Asthma:.....169 MED17H5A	1	0	9	170-173 MED17H5Y
H6.	Pulmonary tuberculosis (TB):.. 174 MED17H6A	1	0	9	175-178 MED17H6Y
Other					
I1.	Prostate problems (Men Only):.. 179 MED17I1A	1	0	9	180-183 MED17I1Y
I2.	Kidney disease (other than cancer): 184 MED17I2A	1	0	9	185-188 MED17I2Y
I3.	Kidney failure:.....189 MED17I3A	1	0	9	190-193 MED17I3Y
I4.	Cancer (except non-melanoma skin cancer):... 194 MED17I4A	1	0	9	195-198 MED17I4Y
I5.	Tonsil - adenoidectomy:.... 199 MED17I5A	1	0	9	200-203 MED17I5Y
I6.	Congenital defects:..... 204 MED17I6A	1	0	9	205-208 MED17I6Y
I7.	Migraine headaches:.....209 MED17I7A	1	0	9	210-213 MED17I7Y
I8.	Hearing problems (specify): 214 MED17I8A	1	0	9	215-218 MED17I8Y
	_____ MED17I8O				
	_____ MED17I8O				
	_____ MED17I8O				
I9.	Vision problems (specify): 225 MED17I9A	1	0	9	226-229 MED17I9Y
	_____ MED17I9O				
	_____ MED17I9O				
	_____ MED17I9O				
I10.	Cataract:.....236 MED17I10A	1	0	9	237-240 MED17I10Y

OFFICE USE
219 220 221 222 223 224
(CODE PROBLEM)

OFFICE USE
230 231 232 233 234 235
(CODE PROBLEM)

// end of page 3

I11. Venereal disease (specify): 10 MED17I11A 1 0 9 11-14 MED17I1Y

Q. I11 Removed 10/2005

_____ MED17I11O

OFFICE USE									
15	16	17	18	19	20				
(CODE DISEASE)									

I12. Other diagnosis (specify): 21 MED17I12A 1 0 9 22-25 MED17I12Y

_____ MED17I12O

OFFICE USE									
26	27	28	29	30	31				
(CODE DISEASE)									

I13. Other diagnosis (specify): 32 MED17I13A 1 0 9 33-36 MED17I13Y

_____ MED17I13O

OFFICE USE									
37	38	39	40	41	42				
(CODE DISEASE)									

I14. Other diagnosis (specify): 43 MED17I14A 1 0 9 44-47 MED17I14Y

_____ MED17I14O

OFFICE USE									
48	49	50	51	52	53				
(CODE DISEASE)									