8. Do you ever have swelling of the eyelids or face?
   Yes__ No__

9. Have you ever been jaundiced?
   Yes__ No__
   If yes, was this accompanied by any pain?
   Yes__ No__

10. Have you ever had a tendency to bruise easily or bleed excessively?
    Yes__ No__

11. Do you have frequent headaches that are not relieved by aspirin or Tylenol?
    Yes__ No__
    If yes, do they occur at any particular time of the day or week?
    Yes__ No__
    If yes, when do they occur? ____________________________

12. Do you have frequent episodes of nervousness or irritability?
    Yes__ No__

13. Do you tend to have trouble concentrating or remembering?
    Yes__ No__

14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged?
    Yes__ No__

15. Does your vision ever become blurred?
    Yes__ No__

16. Do you have numbness or tingling of the hands or feet or other parts of your body?
    Yes__ No__

17. Have you ever had chronic weakness or fatigue?
    Yes__ No__

18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes?
    Yes__ No__