19. Are you bothered by heartburn or indigestion?
   Yes___ No___

20. Do you ever have itching, dryness, or peeling and scaling of the hands?
   Yes___ No___

21. Do you ever have a burning sensation in the hands, or reddening of the skin?
   Yes___ No___

22. Do you ever have cracking or bleeding of the skin on your hands?
   Yes___ No___

23. Are you under a physician's care?
   Yes___ No___

   If yes, for what are you being treated? ______________________________________________________

24. Do you have any physical complaints today?
   Yes___ No___

   If yes, explain? ______________________________________________________

25. Do you have other health conditions not covered by these questions?
   Yes___ No___

   If yes, explain: ______________________________________________________