3. Since your last evaluation, have you been in the hospital for any illnesses, injuries, or surgery?

   yes  no

If yes, please describe: ________________________________________________________

4. Do you have any of the following? Please place a check for all that apply to you.

   unexplained fever     ______
   liver disease          ______
   anemia ("low blood")   ______
   cancer                 ______
   HIV/AIDS               ______
   infertility            ______
   weakness               ______
   drinking problems      ______
   sickle cell            ______
   thyroid problems       ______
   miscarriage            ______
   night sweats           ______
   skin rash              ______
   still birth            ______
   bloody rash            ______
   eye redness            ______
   leukemia/lymphoma      ______
   lumps you can feel     ______
   neck mass/swelling     ______
   child with birth defect______
   wheezing               ______
   autoimmune disease    ______
   chest pain             ______
   overly tired           ______
   bruising easily        ______
   lung problems          ______
   lupus                  ______
   rheumatoid arthritis   ______
   weight loss            ______
   mononucleosis "mono"   ______
   kidney problems        ______
   nagging cough          ______
   enlarged lymph nodes   ______
   yellowing of skin      ______