SMU Health Questionnaire

Age____  Sex____  Marital Status____

Religious Upbringing: Catholic____  Protestant____  Jewish____  Islam____  Other____

Highest level of education that you have completed_______

Place a check in front of every health problem you have had during the last year. Be sure to check every health problem you used to have but now control with medication or treatment:

____cold or flu  ____significant weight gain
____diabetes  ____significant weight loss
____anemia  ____headache (not migraine)
____fainting  ____low blood pressure
____hernia  ____high blood pressure (hypertension)
____diarrhea  ____arthritis or rheumatism
____hemorrhoids  ____abdominal or stomach pain
____rash  ____gall bladder problems
____appendicitis  ____lung or respiratory problems
____paralysis  ____heartbeat irregularity
____ulcer  ____high cholesterol
____skin cancer  ____chronic back problem
____sore throat  ____kidney or urinary tract problems
____constipation  ____eye problem (sty, cataract)
____ear ache  ____thrombosis (blood clots)
____vomiting  ____water retention (bloating)
____asthma  ____serious dental problems (incl. gums)
____emphysema  ____angina or chest pain
____colitis  ____migraine headache
____seizures  ____thyroid problem
____bulimia  ____anorexia nervosa
____allergies  ____grinding of teeth or TMJ
____blackouts  ____multiple sclerosis
____depression  ____breast cancer
____indigestion  ____other cancer
____severe acne  ____benign tumor
____mononucleosis  ____liver problem
____broken bones  ____sexual problems (impotency, frigidity)
____pregnancy  ____venereal disease (incl. herpes)
____endometriosis (cramps)  ____pre-menstrual syndrome
____obesity  ____other reproductive (cysts, prostate)
____other health problems; Specify:

How many days during the last year were you hospitalized for each of the following:
surgery____  childbirth____  psychological problems____
injury____  illness____  drug/alcohol problems____