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
_____diabetes
_____anemia
_____fainting
_____hernia
_____diarrhea
_____hemorrhoids
_____rash
_____appendicitis
_____paralysis
_____ulcer
_____skin cancer
_____sore throat
_____constipation
_____ear ache
_____vomiting
_____asthma
_____emphysema
_____colitis
_____seizures
_____bulimia
_____allergies
_____blackouts
_____depression
_____indigestion
_____severe acne
_____mononucleosis
_____broken bones
_____pregnancy
_____endometriosis(cramps)
_____obesity
_____other health problems; Specify:

_____significant weight gain
_____significant weight loss
_____headache (not migraine)
_____low blood pressure
_____high blood pressure (hypertension)
_____arthritis or rheumatism
_____abdominal or stomach pain
_____gall bladder problems
_____lung or respiratory problems
_____heartbeat irregularity
_____high cholesterol
_____chronic back problem
_____kidney or urinary tract problems
_____eye problem (sty, cataract)
_____thrombosis (blood clots)
_____water retention (bloating)
_____serious dental problems (incl. gums)
_____angina or chest pain
_____migraine headache
_____thyroid problem
_____anorexia nervosa
_____grinding of teeth or TMJ
_____multiple sclerosis
_____breast cancer
_____other cancer
_____benign tumor
_____liver problem
_____sexual problems(impotency,frigidity)
_____venereal disease (incl. herpes)
_____pre-menstrual syndrome
_____other reproductive (cysts, prostate)

How many days during the last year were you hospitalized for each of the following:

surgery_____ childbirth_____ psychological problems_____
injury_____ illness_____ drug/alcohol problems_____