

21. Within the last year have you had any injuries with heavy bleeding?

Yes

No

If yes, how long ago?

Less than 1 month

Number of months

Describe:

---

---

---

22. Have you recently had any surgery?

Yes

No

If yes, please describe:

---

---

---

23. Have you seen any blood lately in your stool or after a bowel movement?

Yes

No

24. Have you ever had a test for blood in your stool?

Yes

No

If yes, did the test show any blood in the stool?

Yes

No