

8. Do you ever have swelling of the eyelids or face?
Yes__ No__
9. Have you ever been jaundiced?
Yes__ No__
If yes, was this accompanied by any pain?
Yes__ No__
10. Have you ever had a tendency to bruise easily or bleed excessively?
Yes__ No__
11. Do you have frequent headaches that are not relieved by aspirin or Tylenol?
Yes__ No__
If yes, do they occur at any particular time of the day or week?
Yes__ No__
If yes, when do they occur? _____

12. Do you have frequent episodes of nervousness or irritability?
Yes__ No__
13. Do you tend to have trouble concentrating or remembering?
Yes__ No__
14. Do you ever feel dizzy, light-headed, excessively drowsy or like you have been drugged?
Yes__ No__
15. Does your vision ever become blurred?
Yes__ No__
16. Do you have numbness or tingling of the hands or feet or other parts of your body?
Yes__ No__
17. Have you ever had chronic weakness or fatigue?
Yes__ No__
18. Have you ever had any swelling of your feet or ankles to the point where you could not wear your shoes?
Yes__ No__