

5. Do you now have or have you ever had any of the following?

Please check all that apply to you.

unexplained fever _____

anemia ("low blood") _____

HIV/AIDS _____

weakness _____

sickle cell _____

miscarriage _____

skin rash _____

bloody stools _____

leukemia/lymphoma _____

neck mass/swelling _____

wheezing _____

yellowing of skin _____

bruising easily _____

lupus _____

weight loss _____

kidney problems _____

enlarged lymph nodes _____

liver disease _____

cancer _____

infertility _____

drinking problems _____

thyroid problems _____

night sweats _____

chest pain _____

still birth _____