



Questionnaire Listing

1-Initial Booking Medical



Print Date/Time: 03/05/2024 15:18
Login ID: sg12409

Question No.	Question	Initial Value
01	Is the subject handicapped?	0
01a	Refused to respond?	0
01b	Unable to respond?	0
01c	Have you ever tried to commit suicide/harm yourself?	0
02	Obvious bleeding/pain requiring emergency care?	0
02a	When did you receive treatment?	0
03	Are you under the influence of alcohol/drugs?	0
04	Do you use illegal drugs?	0
04a	What illegal drugs are you using?	0
05	Have you had medical problems while using drugs/alcohol?	0
05a	Do you share needles with anyone?	0
05b	Are you receiving any treatment for alcohol/drugs?	0
05c	At what age did you start using alcohol/drugs?	0
05d	Do you suffer from drug/alcohol withdrawal symptoms?	0
05e	Do you go through DT's when you stop using alcohol/drugs?	0
05f	When was the last time you used alcohol/drugs?	0
06	Are you allergic to any medications/foods?	0
07	Have you been hospitalized in the past year for more than one day?	0
08	Do you have HIV/AIDS?	0
08a	Allergies?	0
08b	Asthma?	0
08c	High blood pressure?	0
08d	Dental problems?	0
08e	Ear problems?	0
08f	Epilepsy?	0

08g	Body lice?	0
08h	Hepatitis?	0
08i	Rupture?	0
08j	Skin disease?	0
08k	Hay fever?	0
08l	Discharges?	0
08m	Ulcers?	0
08n	Heart problems?	0
08o	Throat problems?	0
08p	Weakness?	0
08q	Open sores?	0
08r	Persistent cough?	0
08s	Spitting up blood?	0
08t	Loss of weight?	0
08u	Fever?	0
08v	Night sweats?	0
08w	Skin turned yellow?	0
09	Do you have tuberculosis(TB)?	0
09a	When was your last TB Test?	0
09b	Have you had treatment for TB?	0
10	Do you have venereal disease?	0
12	Do you have any other medical problems that have not been asked?	0
11	Do you have diabetes?	0
11a	Do you use insulin?	0
11b	Are you on a special diabetic diet?	0
13	What is the name of your doctor or where do you receive medical care?	0
13a	Where do you receive your medications?(What pharmacy?)	0
13b	M/F?	0
14	Are you pregnant?	0
14a	Date of your last menstrual period?	0

14b	Do you have any other OB/GYN problems?	0
14c	Who is your OB/GYN?	0
15	What was your assigned sex at birth?	0
16	Do you think of yourself as:	0
17	If Transgender/Transexual/Non-conforming, are you:	0
18	If subject responds affirmatively to being transgender or transexual, a Mental Health and Medical referral needs to be made.	0

