

Office Use Only SOF ID#	O MIS Acrostic	

## (13) Has a doctor or other health care provider <u>ever</u> told you that you had:

#### a. Stroke?

○Yes ○No

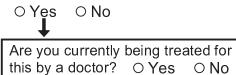
Are you currently being treated for this by a doctor? O Yes O No

#### **b.** Diabetes?



Are you currently being treated for this by a doctor with medications?  $\circ$  Yes  $\circ$  No

## c. High blood pressure?



# d. Dementia or Alzheimer's disease?

○Yes ○No

Are you currently being treated for this by a doctor?  $\bigcirc$  Yes  $\bigcirc$  No

#### e. Parkinson's disease?

○Yes ○No

Are you currently being treated for this by a doctor?  $\bigcirc$  Yes  $\bigcirc$  No

# f. Heart attack, coronary disease, or myocardial infarction?

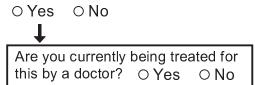
Yes ○ No
Are you currently being treated for this by a doctor? ○ Yes ○ No

Page 7

g. Blockage of the coronary arteries requiring angioplasty or stenting procedure?

○Yes ○No

h. Congestive heart failure or enlarged heart?



i. Peripheral vascular disease (intermittent claudication or pain in your legs from a blockage of the arteries)?

○Yes ○No

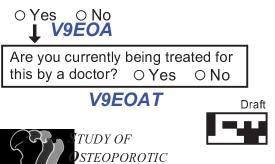


Are you currently being treated for this by a doctor? O Yes O No

j. Chronic obstructive lung disease, chronic bronchitis, asthma, emphysema, COPD?

Yes ○ No
Are you currently being treated for this by a doctor? ○ Yes ○ No

k. Osteoarthritis or degenerative arthritis?



ACTURES