



# Medical History

Office Use Only  
SOF ID#

MISSING  
Acrostic

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5 Has a doctor or health care provider ever told you that you have cancer, not including skin cancer?

Yes  No  Don't know **V9ECANCR**

6 Are you currently undergoing kidney dialysis?

Yes  No  Don't Know

7 During the past 12 MONTHS, have you been trying to lose weight?

Yes  No



a. By what means were you trying to lose weight? (Mark all that apply)

Diet  Diet pills  
 Exercise  Other →

Please specify: \_\_\_\_\_

8 Have you been hospitalized overnight in the last 12 months?

Yes  No



a. How many times were you hospitalized?

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times

