



Office Use Only SOF ID#	<input type="radio"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>

13 Has a doctor or other health care provider ever told you that you had:

a. Stroke?

Yes No **V9ESTRK**

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

V9ESTRKT

b. Diabetes?

Yes No

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

c. High blood pressure?

Yes No **V9EHYPER**

Are you currently being treated for this by a doctor? Yes No **V9EHPET**

d. Dementia or Alzheimer's disease?

Yes No

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

e. Parkinson's disease?

Yes No

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

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

Yes No **V9EHEART**

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

V9EHRTT

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

Yes No **V9EANGIO***

h. Congestive heart failure or enlarged heart? **V9ECONG**

Yes No

V9ECONGT

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

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

Yes No **V9EPRVD***

V9EPRVDT*

Are you currently being treated for this by a doctor? Yes 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?

Yes No

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

Draft

