



# Medical History

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



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

- Yes  No  Don't know

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
- V9HSP*



a. How many times were you hospitalized?

*V9NHSP*  
times

