

Your Medical History

- 1.0 Have you had hay fever/allergic rhinitis?

Prefer Not to Answer

- Hint: *Allergies. Runny nose, tearing eyes, sneezing in response to pollen and other allergens in the environment.*
- Single Select (Radio)
- Yes
- No

- Child Questions: If 1.0 = YES
- 1.1 Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- 1.2 What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- 1.3 What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

Following question sets in this SV all follow parent-> child logic shown above, though there are variations to child question content.

- Have you had sinusitis?
 - *Sinusitis means your sinuses are inflamed. The cause can be an infection or another problem. Symptoms include pain and excessive mucus production.*

Prefer Not to Answer

- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment

- Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had cataracts?
- Prefer Not to Answer
 - *A cataract is a clouding of the lens in your eye. It affects your vision.*
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had glaucoma?
- Prefer Not to Answer
 - *Glaucoma usually happens when the fluid pressure inside the eyes slowly rises.*
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had macular degeneration?
- Prefer Not to Answer
 - *Macular degeneration is a disease that destroys your sharp, central vision.*
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
- Have you had an aortic dissection?
- Prefer Not to Answer
 - A tear in the wall of the aorta.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had anemia?
- Prefer Not to Answer
 - Low blood count. In patients with anemia, blood does not carry enough oxygen to the rest of their body.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had congestive heart failure?
- Prefer Not to Answer

- [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had thyroid disease?
- Prefer Not to Answer
 - The thyroid is one of the endocrine glands, which make hormones. Thyroid hormones control the rate of many activities in the body.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- What type of thyroid disease do you have?
 - Single Select (Radio)
 - Low functioning (hypothyroid)
 - Overactive (hyperthyroid)
- Have you had vitamin D deficiency?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had HIV/AIDS?
- Prefer Not to Answer
 - HIV stands for human immunodeficiency virus. It kills or damages the body's immune system cells. AIDS stands for acquired immunodeficiency syndrome. It is the most advanced stage of infection with HIV.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means

- Have you had meningitis/encephalitis?
- Prefer Not to Answer
 - Meningitis is inflammation of the thin tissue that surrounds the brain and spinal cord, called the meninges. Encephalitis is an inflammation of the brain itself.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had mononucleosis?
- Prefer Not to Answer
 - Mononucleosis, or "mono", is an infection usually caused by the Epstein-Barr virus. The virus spreads through saliva, which is why it's sometimes called "kissing disease."
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No

- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had pneumonia?
- Prefer Not to Answer
 - Pneumonia is an infection in one or both of the lungs. Many germs, such as bacteria, viruses, and fungi, can cause pneumonia. People can also get pneumonia by inhaling a liquid or chemical.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had shingles?
- Prefer Not to Answer
 - Shingles, or Zoster, is a disease caused by the varicella-zoster virus - the same virus that causes chickenpox. After a person has chickenpox, the virus stays in the body. It may not cause problems for many years. As he or she gets older, the virus may reappear as shingles.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means

- Resolved or cured
- Have you had a urinary tract infection?
- Prefer Not to Answer
 - UTI; bladder infection.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
 - What type of urinary tract infection did you have?
 - Single Select (Radio)
 - Injury
 - Disease
- Have you had kidney stones?
- Prefer Not to Answer
 - A kidney stone is a solid piece of material that forms in the kidney from substances in the urine. It may be as small as a grain of sand or as large as a pearl.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had asthma?
- Prefer Not to Answer

- Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had spinal stenosis?
- Prefer Not to Answer
 - Spinal stenosis causes narrowing in your spine. The narrowing puts pressure on nerves and the spinal cord and can cause pain.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had a concussion?
- Prefer Not to Answer
 - A concussion is a short loss of normal brain function in response to a head injury. But people often use it to describe any minor injury to the head or brain.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means

- In remission
 - Resolved or cured
- Have you had dementia?
- Prefer Not to Answer
 - People with dementia have serious problems with two or more brain functions, such as memory and language. There are many forms of dementia, but Alzheimer's disease is the most common.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
- Have you had migraines?
- Prefer Not to Answer
 - Migraines are recurring headaches of moderate to severe pain. The pain is throbbing or pulsing, and is often on one side of the head. During migraines, people are very sensitive to light and sound. They may also become nauseated and vomit.
 - Have you had spinal stenosis?
 - Spinal stenosis causes narrowing in your spine. The narrowing puts pressure on nerves and the spinal cord and can cause pain.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had epilepsy?
- Prefer Not to Answer

- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
- Have you had ADD/ADHD?
- Prefer Not to Answer
 - Attention deficit-hyperactivity disorder (ADHD) is a disorder that interferes with a person's ability to stay on a task and to exercise age-appropriate inhibition.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had an anxiety disorder?
- Prefer Not to Answer
 - For people with an anxiety disorder, worry or fear becomes long-term and may get worse instead of better as time goes on.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had bipolar disorder?

- Prefer Not to Answer
 - People with bipolar disorder go through unusual mood changes. They go from very happy, "up," and active to very sad and hopeless, "down," and inactive, and then back again. They often have normal moods in between. The up feeling is called mania. The down feeling is depression.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had depression?
- Prefer Not to Answer
 - Depression is a serious medical illness that involves the brain. More than just a feeling of being "down in the dumps" or "blue" for a few days, depression symptoms persist and can interfere with everyday life.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had obsessive compulsive disorder (OCD)?
- Prefer Not to Answer
 - People with OCD have frequent thoughts called obsessions. To try to control the thoughts, they may feel an overwhelming urge to repeat certain rituals or behaviors. These are called compulsions.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No

- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had a miscarriage?
- Prefer Not to Answer
 - A miscarriage is the loss of pregnancy from natural causes before the 20th week of pregnancy.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had a prostate enlargement (BPH)?
- Prefer Not to Answer
 - Part of the male reproductive system, the prostate slowly grows larger with age.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had uterine fibroids?

- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had acne?
- Prefer Not to Answer
 - Acne is a common skin disease that causes pimples.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had rosacea?
- Prefer Not to Answer
 - Rosacea is a long-term disease that affects your skin and sometimes your eyes. It causes redness and pimples.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means

- Resolved or cured
- Have you had seborrheic dermatitis?
- Prefer Not to Answer
 - Also known as seborrhea, seborrheic dermatitis is a common skin disorder resulting in red, scaly skin on the face, scalp or other parts of the body.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had insomnia?
- Prefer Not to Answer
 - Trouble falling or staying asleep.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had restless legs syndrome (RLS)?
- Prefer Not to Answer
 - People with restless legs syndrome (RLS) have a powerful urge to move their legs. Their legs become uncomfortable when lying down or sitting. Some people describe it as a creeping, crawling, tingling, or burning sensation. RLS can make it hard to fall asleep and stay asleep. Movement improves the symptoms.
 - Has a physician diagnosed you with this condition?

- Resolved or cured
- Have you had irritable bowel syndrome (IBS)?
- Prefer Not to Answer
 - Irritable bowel syndrome (IBS) is a problem that affects the large intestine. It can cause abdominal cramping, bloating, and a change in bowel habits. Some people with the disorder have constipation. Some have diarrhea. Others go back and forth between the two.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had a stomach (peptic) ulcer?
- Prefer Not to Answer
 - A peptic ulcer is a sore in the lining of the stomach or the duodenum, the first part of the small intestine. A burning stomach pain is the most common symptom.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had brain cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of brain cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had breast cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of breast cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had colon/rectal cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of colon/rectal cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had kidney cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of kidney cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had leukemia/other blood cancers?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of leukemia/other blood cancers did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had lung cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of lung cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had lymphoma?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of lymphoma did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had multiple myeloma?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of multiple myeloma did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had ovarian cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of ovarian cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had pancreatic cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of pancreatic cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had prostate cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of prostate cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had skin cancer (basal cell)?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of skin cancer (basal cell) did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had skin cancer (melanoma)?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of skin cancer (melanoma) did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had skin cancer (squamous cell)?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of skin cancer (squamous cell) did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had thyroid cancer?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes

- No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of thyroid cancer did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had uterine cancer (endometrial)?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of uterine cancer (endometrial) did you have?
 - Hint: Local = Cancer has not spread to other parts of the body Metastatic = Cancer has spread to other parts of body
 - Single Select (Radio)
 - Local
 - Metastatic
- Have you had diabetes?
- Prefer Not to Answer
 - Diabetes is a disease in which your blood glucose, or blood sugar, levels are too high.
 - Has a physician diagnosed you with this condition?

- Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - Where were your blood clots located?
 - Single Select (Radio)
 - In legs
 - In lungs
 - In other location
- Have you had kidney failure?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
 - What type of kidney failure did you have?
 - Single Select (Radio)
 - Injury
 - Disease
- Have you had a traumatic brain injury?
- Prefer Not to Answer
 - Traumatic brain injury (TBI) happens when a bump, blow, jolt, or other head Injury causes damage to the brain.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?

- [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
 - What type of traumatic brain injury did you have?
 - Single Select (Radio)
 - Mild
 - Moderate
 - Severe
- Have you had substance abuse/dependence?
- Prefer Not to Answer
 - Substance abuse may include amphetamines, anabolic steroids, club drugs, cocaine, heroin, inhalants, marijuana and prescription drugs.
- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did this substance abuse/dependence begin (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- What type of substance abuse/dependence did you have?
 - Single Select (Radio)
 - Non-prescription
 - Illegal drugs
 - Alcohol
 - Prescription Drugs
- Have you had low blood pressure?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No

- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - In remission
 - Resolved or cured
- Have you had an aortic aneurysm?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had an arrhythmia?
- Prefer Not to Answer
 - An arrhythmia is a problem with the speed or rhythm of the heartbeat. Atrial fibrillation (AF) is the most common type of arrhythmia.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had iron deficiency?
- Prefer Not to Answer

- Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
- What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
- What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had peripheral vascular/arterial disease?
- Prefer Not to Answer
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had COPD?
- Prefer Not to Answer
 - COPD (chronic obstructive pulmonary disease) makes it hard to breathe. The main cause of COPD is long-term exposure to substances that irritate and damage the lungs. This is usually cigarette smoke. Air pollution, chemical fumes, or dust can also cause it.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled

- Controlled by medication, therapy, diet or other means
 - Resolved or cured
 - What type of COPD did you have?
 - Single Select (Radio)
 - Emphysema
 - Chronic bronchitis
 - Other
- Have you had diverticulosis/diverticulitis?
- Prefer Not to Answer
 - Diverticulitis is a common digestive disease and occurs when pouches formed in the colon become infected. This typically causes pain in the digestive tract, fever, diarrhea or constipation and bloating or gas.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured
- Have you had psoriasis?
- Prefer Not to Answer
 - Psoriasis is a skin disease that causes itchy or sore patches of thick, red skin with silvery scales. People usually get the patches on your elbows, knees, scalp, back, face, palms and feet, but they can show up on other parts of the body.
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Not currently under treatment
 - Under treatment, but not controlled
 - Controlled by medication, therapy, diet or other means
 - Resolved or cured

- Have you had another condition?
- Prefer Not to Answer
 - Hint: if you have had multiple other conditions, we will ask you about each one individually.
 - Child Questions: Show if **Have you had another condition?** = YES
 - Name of diagnosis?
 - (Text field)
 - Description
 - (Text field)
 - Has a physician diagnosed you with this condition?
 - Single Select (Radio):
 - Yes
 - No
 - What year did you first experience this condition (to the best of your memory)?
 - [Year date input]
 - What is your current status?
 - Single Select (Radio)
 - Active
 - Resolved
 - Other

Repeat Question

- Have you had another condition that you haven't already reported?
 - Hint: if you have had multiple other conditions, we will ask you about each one individually.
 - Show child questions if yes, if no = next question (end survey)

