"E\_0": ["Болели ли вы вирусной инфекцией недавно?", 0, 0, null, null],

"E\_1": ["Лечились ли вы недавно пероральным антибиотиком от ушной инфекции?", 1, 0, null, null],

"E\_2": ["Вы инфицированы вирусом иммунодефицита человека (ВИЧ)?", 2, 0, null, null],

"E\_3": ["Был ли у вас когда-нибудь перикардит?", 3, 0, null, null],

"E\_4": ["Был ли у вас или у кого-либо из членов вашей семьи когда-либо круп?", 4, 0, null, null],

"E\_5": ["Была ли у вас когда-нибудь жидкость в легких?", 5, 0, null, null],

"E\_6": ["У вас хронический панкреатит?", 6, 0, null, null],

"E\_7": ["В вашем рационе питания много сладкого и жирного?", 7, 0, null, null],

"E\_8": ["Вы в настоящее время проходите диализ?", 8, 0, null, null],

"E\_9": ["У вас увеличенные/болезненные лимфатические узлы?", 9, 0, null, null],

"E\_10": ["Принимали ли вы недавно противовоспалительные препараты (НПВП)?", 10, 0, null, null],

"E\_11": ["Кормили ли вы грудью более 9 месяцев?", 11, 0, null, null],

"E\_12": ["Есть ли у вас сильная пищевая аллергия?", 12, 0, null, null],

"E\_13": ["Считаете ли вы, что какой-то из ваших симптомов усилились за последние 2 недели?", 13, 0, null, null],

"E\_14": ["Бывает ли у вас боль в груди даже в состоянии покоя?", 14, 0, null, null],

"E\_15": ["Принимали ли вы какие-либо антипсихотические препараты в течение последних 7 дней?", 15, 0, null, null],

"E\_16": ["Вы чувствуете тревогу?", 16, 0, null, null],

"E\_17": ["Вы азиатского происхождения?", 17, 0, null, null],

"E\_18": ["У вас есть муковисцидоз?", 18, 0, null, null],

"E\_19": ["У вас есть диагноз гипертиреоз?", 19, 0, null, null],

"E\_20": ["У вас есть ревматоидный артрит?", 20, 0, null, null],

"E\_21": ["Быв ли у вас когда-нибудь спонтанный пневмоторакс?", 21, 0, null, null],

"E\_22": ["Есть ли у вас проблемы в работе сердечного клапана?", 22, 0, null, null],

"E\_23": ["Случается ли у вас апноэ (Задержки в выполнении дыхательных движений)?", 23, 0, null, null],

"E\_24": ["Вам когда-нибудь ставили диагноз анемия?", 24, 0, null, null],

"E\_25": ["Были ли у кого-либо из членов вашей семьи диагностированы кластерные головные боли?", 25, 0, null, null],

"E\_26": ["Есть ли у вас члены семьи, у которых диагностирована анемия?", 26, 0, null, null],

"E\_27": ["Были ли у вас когда-нибудь инфекции, передающиеся половым путем?", 27, 0, null, null],

"E\_28": ["Есть ли среди членов вашей семьи диагноз миастения?", 28, 0, null, null],

"E\_29": ["Есть ли у кого-либо из Ваших ближайших родственников психические заболевания?", 29, 0, null, null],

"E\_30": ["Чувствуете ли вы, что ваш живот раздут или распух (опухает из-за давления изнутри)?", 30, 0, null, null],

"E\_31": ["Есть ли у вас тяжелая хроническая обструктивная болезнь легких (ХОБЛ)?", 31, 0, null, null],

"E\_32": ["Снижен ли ваш аппетит?", 32, 0, null, null],

"E\_33": ["Есть ли у вас боль, которая уменьшается, когда вы наклоняетесь вперед?", 33, 0, null, null],

"E\_34": ["Вы болеете раком (активная стадия)?", 34, 0, null, null],

"E\_37": ["Есть ли у вас метастазы?", 36, 0, null, null],

"E\_35": ["Вы регулярно пьете кофе или чай?", 35, 0, null, null],

"E\_38": ["Есть ли у вас боль в челюсти?", 37, 0, null, null],

"E\_39": ["Чувствовали ли вы в последнее время растерянность или дезориентацию?", 38, 0, null, null],

"E\_40": ["Были ли вы в контакте с кем-то, кто болел коклюшем?", 39, 0, null, null],

"E\_41": ["Контактировали ли вы с человеком с подобными симптомами в течение последних 2 недель?", 40, 0, null, null],

"E\_42": ["Контактировали ли вы с аллергенами недавно?", 41, 0, null, null],

"E\_43": ["Были ли у вас эпизоды эпилепсии?", 42, 0, null, null],

"E\_44": ["Вы принимаете кортикостероиды?", 43, 0, null, null],

"E\_45": ["Вы кашляли кровью?", 44, 0, null, null],

"E\_46": ["Были ли у вас 2 или более приступов астмы за последний год?", 45, 0, null, null],

"E\_47": ["Страдаете ли вы болезнью Крона или язвенным колитом?", 46, 0, null, null],

"E\_48": ["Вы живете с 4 или более людьми?", 47, 0, null, null],

"E\_49": ["Вы посещаете или работаете в детском саду?", 48, 0, null, null],

"E\_50": ["У вас значительно усилилось потоотделение?", 49, 0, null, null],

"E\_51": ["Была ли у вас диарея или учащение стула в последнее время?", 50, 0, null, null],

"E\_52": ["Есть ли у вас ощущение, что вы видите два изображения одного объекта, накладывающихся друг на друга или примыкающих друг к другу (двоение в глазах)?", 51, 0, null, null],

"E\_53": ["Есть ли у вас болевой синдром (болит ли что-то)?", 52, 0, null, null],

"E\_54": ["Охарактеризуйте свою боль:", 53, 16, {"V\_11": "NA", "V\_71": "душераздирающая", "V\_112": "преследующая", "V\_154": "ноющая", "V\_161": "чувствительный", "V\_179": "режущая", "V\_180": "дергание", "V\_181": "жжение", "V\_182": "судорога", "V\_183": "тяжелая", "V\_184": "пульсирующая", "V\_191": "жесткая", "V\_192": "острая", "V\_193": "тошная", "V\_196": "страшная", "V\_198": "изматывающая"}, {"V\_11": 0, "V\_71": 1, "V\_112": 2, "V\_154": 3, "V\_161": 4, "V\_179": 5, "V\_180": 6, "V\_181": 7, "V\_182": 8, "V\_183": 9, "V\_184": 10, "V\_191": 11, "V\_192": 12, "V\_193": 13, "V\_196": 14, "V\_198": 15}],

"E\_55": ["Где локализована боль?", 70, 165, {"V\_123": "nowhere", "V\_14": "iliac wing(R)", "V\_15": "iliac wing(L)", "V\_16": "groin(R)", "V\_17": "groin(L)", "V\_18": "axilla(R)", "V\_19": "axilla(L)", "V\_20": "tonsil(R)", "V\_21": "tonsil(L)", "V\_22": "anus", "V\_23": "posterior aspect of the ankle(R)", "V\_24": "posterior aspect of the ankle(L)", "V\_25": "back of head", "V\_26": "back of the neck", "V\_27": "forearm(R)", "V\_28": "forearm(L)", "V\_29": "lower chest", "V\_30": "biceps(R)", "V\_31": "biceps(L)", "V\_32": "mouth", "V\_33": "thyroid cartilage", "V\_34": "ankle(R)", "V\_35": "ankle(L)", "V\_36": "clitoris", "V\_37": "coccyx", "V\_38": "cervical spine", "V\_39": "thoracic spine", "V\_40": "lumbar spine", "V\_41": "commissure(R)", "V\_42": "commissure(L)", "V\_43": "lateral side of the foot(R)", "V\_44": "lateral side of the foot(L)", "V\_45": "elbow(R)", "V\_46": "elbow(L)", "V\_47": "popliteal fossa(R)", "V\_48": "popliteal fossa(L)", "V\_49": "iliac crest(R)", 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"E\_56": ["How intense is the pain?", 236, 11, [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10], null],

"E\_57": ["Does the pain radiate to another location?", 248, 165, {"V\_123": "nowhere", "V\_14": "iliac wing(R)", "V\_15": "iliac wing(L)", "V\_16": "groin(R)", "V\_17": "groin(L)", "V\_18": "axilla(R)", "V\_19": "axilla(L)", "V\_20": "tonsil(R)", "V\_21": "tonsil(L)", "V\_22": "anus", "V\_23": "posterior aspect of the ankle(R)", "V\_24": "posterior aspect of the ankle(L)", "V\_25": "back of head", "V\_26": "back of the neck", "V\_27": "forearm(R)", "V\_28": "forearm(L)", "V\_29": "lower chest", "V\_30": "biceps(R)", "V\_31": "biceps(L)", "V\_32": "mouth", "V\_33": "thyroid cartilage", "V\_34": "ankle(R)", "V\_35": "ankle(L)", "V\_36": "clitoris", "V\_37": "coccyx", "V\_38": "cervical spine", "V\_39": "thoracic spine", "V\_40": "lumbar spine", "V\_41": "commissure(R)", "V\_42": "commissure(L)", "V\_43": "lateral side of the foot(R)", "V\_44": "lateral side of the foot(L)", "V\_45": "elbow(R)", "V\_46": "elbow(L)", "V\_47": "popliteal fossa(R)", "V\_48": "popliteal fossa(L)", "V\_49": 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"E\_59": ["How fast did the pain appear?", 426, 11, [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10], null],

"E\_60": ["Do you consume energy drinks regularly?", 438, 0, null, null],

"E\_61": ["Are you currently using intravenous drugs?", 439, 0, null, null],

"E\_62": ["Do you regularly take stimulant drugs?", 440, 0, null, null],

"E\_63": ["Do you have difficulty articulating words/speaking?", 441, 0, null, null],

"E\_64": ["Do you feel out of breath with minimal physical effort?", 442, 0, null, null],

"E\_65": ["Do you have difficulty swallowing, or have a feeling of discomfort/blockage when swallowing?", 443, 0, null, null],

"E\_66": ["Are you experiencing shortness of breath or difficulty breathing in a significant way?", 444, 0, null, null],

"E\_67": ["Do you have bouts of choking or shortness of breath that wake you up at night?", 445, 0, null, null],

"E\_69": ["Do you have diabetes?", 446, 0, null, null],

"E\_70": ["Are you significantly overweight compared to people of the same height as you?", 447, 0, null, null],

"E\_71": ["Do you have high cholesterol or do you take medications to treat high cholesterol?", 448, 0, null, null],

"E\_72": ["Have you had one or several flare ups of chronic obstructive pulmonary disease (COPD) in the past year?", 449, 0, null, null],

"E\_73": ["In the last month, have you been in contact with anyone infected with the Ebola virus?", 450, 0, null, null],

"E\_74": ["Have you noticed a diffuse (widespread) redness in one or both eyes?", 451, 0, null, null],

"E\_75": ["Do you feel like you are (or were) choking or suffocating?", 452, 0, null, null],

"E\_76": ["Do you feel slightly dizzy or lightheaded?", 453, 0, null, null],

"E\_77": ["Do you have a cough that produces colored or more abundant sputum than usual?", 454, 0, null, null],

"E\_78": ["Do you drink alcohol excessively or do you have an addiction to alcohol?", 455, 0, null, null],

"E\_79": ["Do you smoke cigarettes?", 456, 0, null, null],

"E\_80": ["Have you ever been diagnosed with depression?", 457, 0, null, null], "E\_81": ["Do you suffer from chronic anxiety?", 458, 0, null, null],

"E\_82": ["Do you feel lightheaded and dizzy or do you feel like you are about to faint?", 459, 0, null, null],

"E\_83": ["Have you noticed weakness in your facial muscles and/or eyes?", 460, 0, null, null],

"E\_84": ["Do you feel weakness in both arms and/or both legs?", 461, 0, null, null],

"E\_86": ["Do you have any close family members who suffer from allergies (any type), hay fever or eczema?", 462, 0, null, null],

"E\_87": ["Do you have any family members who have asthma?", 463, 0, null, null],

"E\_88": ["Do you feel so tired that you are unable to do your usual activities or are you stuck in your bed all day long?", 464, 0, null, null],

"E\_89": ["Do you constantly feel fatigued or do you have non-restful sleep?", 465, 0, null, null],

"E\_90": ["Do your symptoms of muscle weakness increase with fatigue and/or stress?", 466, 0, null, null],

"E\_91": ["Do you have a fever (either felt or measured with a thermometer)?", 467, 0, null, null],

"E\_92": ["Did your cheeks suddenly turn red?", 468, 0, null, null],

"E\_93": ["Do you have numbness, loss of sensation or tingling in the feet?", 469, 0, null, null],

"E\_94": ["Have you had chills or shivers?", 470, 0, null, null],

"E\_95": ["Do you have Parkinson\u2019s disease?", 471, 0, null, null],

"E\_96": ["Have you gained weight recently?", 472, 0, null, null], "E\_97": ["Do you have a sore throat?", 473, 0, null, null],

"E\_98": ["Do you have a hiatal hernia?", 474, 0, null, null],

"E\_99": ["Have you ever had a migraine or is a member of your family known to have migraines?", 475, 0, null, null],

"E\_100": ["Do you currently take hormones?", 476, 0, null, null],

"E\_101": ["Have you been hospitalized for an asthma attack in the past year?", 477, 0, null, null],

"E\_102": ["Are you consulting because you have high blood pressure?", 478, 0, null, null],

"E\_103": ["Have you lost your sense of smell?", 479, 0, null, null],

"E\_104": ["Do you have high blood pressure or do you take medications to treat high blood pressure?", 480, 0, null, null],

"E\_105": ["Have you ever had a heart attack or do you have angina (chest pain)?", 481, 0, null, null],

"E\_106": ["Do you have heart failure?", 482, 0, null, null],

"E\_107": ["Have you ever had a stroke?", 483, 0, null, null],

"E\_108": ["Do you have a problem with poor circulation?", 484, 0, null, null],

"E\_109": ["Have you ever had deep vein thrombosis (DVT)?", 485, 0, null, null],

"E\_110": ["Have you been unable to move or get up for more than 3 consecutive days within the last 4 weeks?", 486, 0, null, null],

"E\_111": ["Do you feel like you are dying or were you afraid that you were about do die?", 487, 0, null, null],

"E\_112": ["Do you wheeze while inhaling or is your breathing noisy after coughing spells?", 488, 0, null, null],

"E\_113": ["Do you have chronic kidney failure?", 489, 0, null, null],

"E\_114": ["Are you more irritable or has your mood been very unstable recently?", 490, 0, null, null],

"E\_115": ["Have you had unprotected sex with more than one partner in the last 6 months?", 491, 0, null, null],

"E\_116": ["Have you had a cold in the last 2 weeks?", 492, 0, null, null],

"E\_118": ["Have you ever had pneumonia?", 493, 0, null, null],

"E\_119": ["Have you been diagnosed with chronic sinusitis?", 494, 0, null, null],

"E\_120": ["Do you have polyps in your nose?", 495, 0, null, null],

"E\_121": ["Do you have a deviated nasal septum?", 496, 0, null, null],

"E\_123": ["Do you have a chronic obstructive pulmonary disease (COPD)?", 497, 0, null, null],

"E\_124": ["Do you have asthma or have you ever had to use a bronchodilator in the past?", 498, 0, null, null],

"E\_125": ["Have you ever been diagnosed with gastroesophageal reflux?", 499, 0, null, null],

"E\_126": ["Do you have liver cirrhosis?", 500, 0, null, null],

"E\_127": ["Do you feel that your eyes produce excessive tears?", 501, 0, null, null],

"E\_128": ["Have you ever felt like you were suffocating for a very short time associated with inability to breathe or speak?", 502, 0, null, null],

"E\_129": ["Do you have any lesions, redness or problems on your skin that you believe are related to the condition you are consulting for?", 503, 0, null, null],

"E\_130": ["What color is the rash?", 504, 6, {"V\_11": "NA", "V\_86": "dark", "V\_107": "yellow", "V\_138": "pale", "V\_156": "pink", "V\_157": "red"}, {"V\_11": 0, "V\_86": 1, "V\_107": 2, "V\_138": 3, "V\_156": 4, "V\_157": 5}],

"E\_131": ["Do your lesions peel off?", 511, 2, {"V\_10": "N", "V\_12": "Y"}, {"V\_10": 0, "V\_12": 1}],

"E\_132": ["Is the rash swollen?", 514, 11, [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10], null],

"E\_133": ["Where is the affected region located?", 526, 165, {"V\_123": "nowhere", "V\_14": "iliac wing(R)", "V\_15": "iliac wing(L)", "V\_16": "groin(R)", "V\_17": "groin(L)", "V\_18": "axilla(R)", "V\_19": "axilla(L)", "V\_20": "tonsil(R)", "V\_21": "tonsil(L)", "V\_22": "anus", "V\_23": "posterior aspect of the ankle(R)", "V\_24": "posterior aspect of the ankle(L)", "V\_25": "back of head", "V\_26": "back of the neck", "V\_27": "forearm(R)", "V\_28": "forearm(L)", "V\_29": "lower chest", "V\_30": "biceps(R)", "V\_31": "biceps(L)", "V\_32": "mouth", "V\_33": "thyroid cartilage", "V\_34": "ankle(R)", "V\_35": "ankle(L)", "V\_36": "clitoris", "V\_37": "coccyx", "V\_38": "cervical spine", "V\_39": "thoracic spine", "V\_40": "lumbar spine", "V\_41": "commissure(R)", "V\_42": "commissure(L)", "V\_43": "lateral side of the foot(R)", "V\_44": "lateral side of the foot(L)", "V\_45": "elbow(R)", "V\_46": "elbow(L)", "V\_47": "popliteal fossa(R)", "V\_48": "popliteal fossa(L)", "V\_49": 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"E\_134": ["How intense is the pain caused by the rash?", 692, 11, [0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10], null],

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"E\_138": ["Do you suffer from fibromyalgia?", 720, 0, null, null],

"E\_139": ["Do you have a known heart defect?", 721, 0, null, null],

"E\_140": ["Have you recently had stools that were black (like coal)?", 722, 0, null, null],

"E\_141": ["Did you have your first menstrual period before the age of 12?", 723, 0, null, null],

"E\_142": ["Does your mother suffer from asthma?", 724, 0, null, null],

"E\_143": ["Do you exercise regularly, 4 times per week or more?", 725, 0, null, null],

"E\_144": ["Do you have diffuse (widespread) muscle pain?", 726, 0, null, null],

"E\_145": ["Do you have very abundant or very long menstruation periods?", 727, 0, null, null],

"E\_146": ["Are you taking any new oral anticoagulants ((NOACs)?", 728, 0, null, null],

"E\_147": ["Have you been treated in hospital recently for nausea, agitation, intoxication or aggressive behavior and received medication via an intravenous or intramuscular route?", 729, 0, null, null],

"E\_148": ["Are you feeling nauseous or do you feel like vomiting?", 730, 0, null, null],

"E\_149": ["Do you take a calcium channel blockers (medication)?", 731, 0, null, null],

"E\_150": ["Have you been able to pass stools or gas since your symptoms increased?", 732, 0, null, null],

"E\_151": ["Do you have swelling in one or more areas of your body?", 733, 0, null, null],

"E\_152": ["Where is the swelling located?", 734, 165, {"V\_123": "nowhere", "V\_14": "iliac wing(R)", "V\_15": "iliac wing(L)", "V\_16": "groin(R)", "V\_17": "groin(L)", "V\_18": "axilla(R)", "V\_19": "axilla(L)", "V\_20": "tonsil(R)", "V\_21": "tonsil(L)", "V\_22": "anus", "V\_23": "posterior aspect of the ankle(R)", "V\_24": "posterior aspect of the ankle(L)", "V\_25": "back of head", "V\_26": "back of the neck", "V\_27": "forearm(R)", "V\_28": "forearm(L)", "V\_29": "lower chest", "V\_30": "biceps(R)", "V\_31": "biceps(L)", "V\_32": "mouth", "V\_33": "thyroid cartilage", "V\_34": "ankle(R)", "V\_35": "ankle(L)", "V\_36": "clitoris", "V\_37": "coccyx", "V\_38": "cervical spine", "V\_39": "thoracic spine", "V\_40": "lumbar spine", "V\_41": "commissure(R)", "V\_42": "commissure(L)", "V\_43": "lateral side of the foot(R)", "V\_44": "lateral side of the foot(L)", "V\_45": "elbow(R)", "V\_46": "elbow(L)", "V\_47": "popliteal fossa(R)", "V\_48": "popliteal fossa(L)", "V\_49": "iliac 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"E\_153": ["Are you being treated for osteoporosis?", 900, 0, null, null],

"E\_154": ["Is your skin much paler than usual?", 901, 0, null, null],

"E\_155": ["Do you feel your heart is beating fast (racing), irregularly (missing a beat) or do you feel palpitations?", 902, 0, null, null],

"E\_156": ["Have you had weakness or paralysis on one side of the face, which may still be present or completely resolved?", 903, 0, null, null], "E\_157": ["Have you recently had numbness, loss of sensation or tingling, in both arms and legs and around your mouth?", 904, 0, null, null],

"E\_158": ["Were you diagnosed with endocrine disease or a hormone dysfunction?", 905, 0, null, null],

"E\_159": ["Did you lose consciousness?", 906, 0, null, null],

"E\_160": ["Were you born prematurely or did you suffer any complication at birth?", 907, 0, null, null],

"E\_161": ["Have you recently had a loss of appetite or do you get full more quickly then usually?", 908, 0, null, null],

"E\_162": ["Have you had an involuntary weight loss over the last 3 months?", 909, 0, null, null],

"E\_163": ["Have you had any vaginal discharge?", 910, 0, null, null], "E\_164": ["Do you feel your heart is beating very irregularly or in a disorganized pattern?", 911, 0, null, null],

"E\_165": ["Have any of your family members ever had a pneumothorax?", 912, 0, null, null],

"E\_166": ["Did you vomit after coughing?", 913, 0, null, null],

"E\_167": ["Do you think you are pregnant or are you currently pregnant?", 914, 0, null, null],

"E\_168": ["Do you have trouble keeping your tongue in your mouth?", 915, 0, null, null],

"E\_169": ["Is your nose or the back of your throat itchy?", 916, 0, null, null],

"E\_170": ["Do you have severe itching in one or both eyes?", 917, 0, null, null],

"E\_171": ["Do you feel like you are detached from your own body or your surroundings?", 918, 0, null, null],

"E\_172": ["Do you have a hard time opening/raising one or both eyelids?", 919, 0, null, null],

"E\_173": ["Do you have a burning sensation that starts in your stomach then goes up into your throat, and can be associated with a bitter taste in your mouth?", 920, 0, null, null],

"E\_174": ["Have you been unintentionally losing weight or have you lost your appetite?", 921, 0, null, null],

"E\_175": ["Have you noticed any new fatigue, generalized and vague discomfort, diffuse (widespread) muscle aches or a change in your general well-being related to your consultation today?", 922, 0, null, null],

"E\_176": ["Did you previously, or do you currently, have any weakness/paralysis in one or more of your limbs or in your face?", 923, 0, null, null],

"E\_177": ["Do you currently, or did you ever, have numbness, loss of sensitivity or tingling anywhere on your body?", 924, 0, null, null],

"E\_178": ["Have you noticed any unusual bleeding or bruising related to your consultation today?", 925, 0, null, null],

"E\_179": ["Have you noticed light red blood or blood clots in your stool?", 926, 0, null, null],

"E\_180": ["Are you unable to control the direction of your eyes?", 927, 0, null, null],

"E\_181": ["Do you have nasal congestion or a clear runny nose?", 928, 0, null, null],

"E\_182": ["Do you have greenish or yellowish nasal discharge?", 929, 0, null, null],

"E\_183": ["Do you live in a rural area?", 930, 0, null, null],

"E\_184": ["Do you take medication that dilates your blood vessels?", 931, 0, null, null],

"E\_185": ["Have you ever had a head trauma?", 932, 0, null, null],

"E\_186": ["Have you ever been diagnosed with obstructive sleep apnea (OSA)?", 933, 0, null, null],

"E\_187": ["Did you eat dark-fleshed fish (such as tuna) or Swiss cheese before the reaction occurred?", 934, 0, null, null],

"E\_188": ["Do you have pale stools and dark urine?", 935, 0, null, null],

"E\_189": ["Have you had sexual intercourse with an HIV-positive partner in the past 12 months?", 936, 0, null, null],

"E\_190": ["Have you noticed that you produce more saliva than usual?", 937, 0, null, null],

"E\_191": ["Are you a former smoker?", 938, 0, null, null],

"E\_192": ["Do you feel that muscle spasms or soreness in your neck are keeping you from turning your head to one side?", 939, 0, null, null],

"E\_193": ["Do you have annoying muscle spasms in your face, neck or any other part of your body?", 940, 0, null, null],

"E\_194": ["Have you noticed a high pitched sound when breathing in?", 941, 0, null, null],

"E\_195": ["Do you live in the suburbs?", 942, 0, null, null],

"E\_196": ["Have you had surgery within the last month?", 943, 0, null, null],

"E\_197": ["Do you have a known kidney problem resulting in an inability to retain proteins?", 944, 0, null, null],

"E\_198": ["Do you work in agriculture?", 945, 0, null, null],

"E\_199": ["Do you work in construction?", 946, 0, null, null],

"E\_200": ["Do you work in the mining sector?", 947, 0, null, null],

"E\_201": ["Do you have a cough?", 948, 0, null, null],

"E\_202": ["Does the person have a whooping cough?", 949, 0, null, null],

"E\_203": ["Do you have intense coughing fits?", 950, 0, null, null],

"E\_204": ["Have you traveled out of the country in the last 4 weeks?", 951, 12, {"V\_10": "N", "V\_0": "North Africa", "V\_1": "West Africa", "V\_2": "South Africa", "V\_3": "Central America", "V\_4": "North America", "V\_5": "South America", "V\_6": "Asia", "V\_7": "South East Asia", "V\_8": "Caraibes", "V\_9": "Europe", "V\_13": "Oceania"}, {"V\_10": 0, "V\_0": 1, "V\_1": 2, "V\_2": 3, "V\_3": 4, "V\_4": 5, "V\_5": 6, "V\_6": 7, "V\_7": 8, "V\_8": 9, "V\_9": 10, "V\_13": 11}],

"E\_205": ["Do you suddenly have difficulty or an inability to open your mouth or have jaw pain when opening it?", 964, 0, null, null],

"E\_206": ["Do you have painful mouth ulcers or sores?", 965, 0, null, null],

"E\_207": ["Do you live in in a big city?", 966, 0, null, null],

"E\_208": ["Is your BMI less than 18.5, or are you underweight?", 967, 0, null, null],

"E\_209": ["Are your vaccinations up to date?", 968, 0, null, null],

"E\_210": ["Have you recently thrown up blood or something resembling coffee beans?", 969, 0, null, null],

"E\_211": ["Have you vomited several times or have you made several efforts to vomit?", 970, 0, null, null],

"E\_212": ["Have you noticed that the tone of your voice has become deeper, softer or hoarse?", 971, 0, null, null],

"E\_213": ["Have you recently taken decongestants or other substances that may have stimulant effects?", 972, 0, null, null],

"E\_214": ["Have you noticed a wheezing sound when you exhale?", 973, 0, null, null],

"E\_215": ["Do you have symptoms that get worse after eating?", 974, 0, null, null],

"E\_216": ["Do you have pain that is increased with movement?", 975, 0, null, null],

"E\_217": ["Are your symptoms worse when lying down and alleviated while sitting up?", 976, 0, null, null],

"E\_218": ["Do you have symptoms that are increased with physical exertion but alleviated with rest?", 977, 0, null, null],

"E\_219": ["Are your symptoms more prominent at night?", 978, 0, null, null],

"E\_220": ["Do you have pain that is increased when you breathe in deeply?", 979, 0, null, null],

"E\_221": ["Are the symptoms or pain increased with coughing, with an effort like lifting a weight or from forcing a bowel movement?", 980, 0, null, null],

"E\_222": ["Are you exposed to secondhand cigarette smoke on a daily basis?", 981, 0, null, null],

"E\_223": ["Are there members of your family who have been diagnosed with pancreatic cancer?", 982, 0, null, null],

"E\_224": ["Do you have family members who have had lung cancer?", 983, 0, null, null],

"E\_225": ["Do you have close family members who had a cardiovascular disease problem before the age of 50?", 984, 0, null, null],

"E\_226": ["Are you more likely to develop common allergies than the general population?", 985, 0, null, null],

"E\_227": ["Are you immunosuppressed?", 986, 0, null, null]}