

SCQ

Instructions:

The following is a list of common problems. Please indicate if you currently have the problem in the first column. If you do not have the problem, skip to next problem.

If you do have the problem, please indicate in the second column if you receive medications or some other type of treatment for the problem.

In the third column indicate if the problem limits any of your activities.

Finally, indicate all medical conditions that are not listed under “other medical problems” at the end of the page.

	Do you have the problem?		Do you receive treatment for it?		Does it limit your activities?	
PROBLEM	NO (0)	YES (1)	NO (0)	YES (1)	NO (0)	YES (1)
Heart Disease	N	Y	N	Y	N	Y
High blood pressure	N	Y	N	Y	N	Y
Lung disease	N	Y	N	Y	N	Y
Diabetes	N	Y	N	Y	N	Y
Ulcer or stomach disease	N	Y	N	Y	N	Y
Kidney disease	N	Y	N	Y	N	Y
Liver disease	N	Y	N	Y	N	Y
Anemia or other blood disease	N	Y	N	Y	N	Y
Cancer	N	Y	N	Y	N	Y
Seizure disorder (epilepsy)	N	Y	N	Y	N	Y
Other neurological disease	N	Y	N	Y	N	Y
Thyroid disease	N	Y	N	Y	N	Y
Osteoarthritis, degenerative arthritis	N	Y	N	Y	N	Y
Back pain	N	Y	N	Y	N	Y
Rheumatoid arthritis	N	Y	N	Y	N	Y
Other medical problems (please write in)	N	Y	N	Y	N	Y
	N	Y	N	Y	N	Y
	N	Y	N	Y	N	Y