

In the PAST 7 DAYS,  
I suffered from the following complaints:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
<input type="radio"/>	<input type="radio"/>	21. Discharge of fluids from anus	<input type="radio"/>	<input type="radio"/>	41. Unpleasant numbness or tingling sensations
<input type="radio"/>	<input type="radio"/>	22. Frequent urination	<input type="radio"/>	<input type="radio"/>	42. Double vision
<input type="radio"/>	<input type="radio"/>	23. Frequent bowel movements	<input type="radio"/>	<input type="radio"/>	43. Blindness
<input type="radio"/>	<input type="radio"/>	24. Strong heart pounding	<input type="radio"/>	<input type="radio"/>	44. Deafness
<input type="radio"/>	<input type="radio"/>	25. Discomfort in the area around the heart	<input type="radio"/>	<input type="radio"/>	45. Seizures
<input type="radio"/>	<input type="radio"/>	26. Sweating (hot or cold)	<input type="radio"/>	<input type="radio"/>	46. Amnesia (loss of memory)
<input type="radio"/>	<input type="radio"/>	27. Flushing or blushing	<input type="radio"/>	<input type="radio"/>	47. Loss of consciousness
<input type="radio"/>	<input type="radio"/>	28. Shortness of breath (without exertion)	<u>FOR WOMEN</u>		
<input type="radio"/>	<input type="radio"/>	29. Painful breathing or hyperventilation	<input type="radio"/>	<input type="radio"/>	48. Painful menstruation
<input type="radio"/>	<input type="radio"/>	30. Excessive tiredness with or without mild exertion	<input type="radio"/>	<input type="radio"/>	49. Irregular menstruation
<input type="radio"/>	<input type="radio"/>	31. Blotchiness or discoloration of the skin	<input type="radio"/>	<input type="radio"/>	50. Excessive menstrual bleeding
<input type="radio"/>	<input type="radio"/>	32. Loss of sexual desire or interest (loss of libido)	<input type="radio"/>	<input type="radio"/>	51. Frequent vomiting during pregnancy
<input type="radio"/>	<input type="radio"/>	33. Unpleasant sensations in or around the genitals	<input type="radio"/>	<input type="radio"/>	52. Unusual or heavy vaginal discharge
<input type="radio"/>	<input type="radio"/>	34. Impaired coordination or balance	<u>FOR MEN</u>		
<input type="radio"/>	<input type="radio"/>	35. Paralysis or localized weakness	<input type="radio"/>	<input type="radio"/>	53. Difficulty maintaining an erection or ejaculating
<input type="radio"/>	<input type="radio"/>	36. Difficulty swallowing or lump in throat			
<input type="radio"/>	<input type="radio"/>	37. Aphonia (loss of voice)			
<input type="radio"/>	<input type="radio"/>	38. Urinary retention			
<input type="radio"/>	<input type="radio"/>	39. Hallucinations			
<input type="radio"/>	<input type="radio"/>	40. Loss of touch or pain sensation			