

## Module 7

We have some questions about your medical history.

1. Has a doctor ever told you that you have high cholesterol or an abnormal amount of fat in your blood? [{hxhichol\\_heaq}](#)

Yes →

	Yes	No	Don't know
Has a doctor ever prescribed medicine for high cholesterol or high fat? <a href="#">{hicholme_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking prescribed medicine for high cholesterol or high fat? <a href="#">{hicholnw_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a doctor ever recommended changes in your diet to lower cholesterol? <a href="#">{hicholdt_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No

Don't know

2. Has a doctor ever told you that you have high blood pressure? [{hxhibldp\\_heaq}](#)

Yes →

	Yes	No	Don't know
Has a doctor ever prescribed any medicine for high blood pressure? <a href="#">{hibpmeds_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medicine for high blood pressure? <a href="#">{hibpmdnw_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No

Don't know

3. Has a doctor ever told you that you have any of the following medical conditions?

	Yes	No	Don't know
Addison's disease <a href="#">{hxaddiso_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma <a href="#">{hxasthma_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celiac disease <a href="#">{hxceliac_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism (high thyroid) <a href="#">{hxhypthy_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism (low thyroid) <a href="#">{hxlowthy_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitiligo (white skin patches) <a href="#">{hxvitili_heaq}</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Has a doctor said that diabetes has affected your kidneys?** {hxkidney\_heaq}

1  Yes →

	Yes	No	Don't know
Has a doctor ever prescribed any medicine for diabetic kidney problems? {kidneymed}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Are you currently taking any medicine for diabetic kidney problems? {kidneymdnw}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

2  No

3  Don't know

**5. Has a doctor said that diabetes has injured the retina, that is, the back of your eye, (called retinopathy)?** {hxretina\_heaq}

1  Yes →

<p><b>Did this require laser treatment of the retina?</b> {hxretlas_heaq}</p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    3 <input type="checkbox"/> Don't know</p>
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2  No

3  Don't know

**6. Have you had any other major illness or medical conditions that were not listed?** {hxothril\_heaq}

1  Yes (Please List all Conditions) {hxothrsp\_heaq} \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2  No

3  Don't know