

Module 7

We have some questions about your child's medical history.

1. Has a doctor ever told you that your child has high cholesterol or an abnormal amount of fat in his/her blood? [{hxhichol_heaq}](#)

Yes →

	Yes	No	Don't know
Has a doctor ever prescribed medicine for high cholesterol or high fat? {hicholme_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Is your child currently taking prescribed medicine for high cholesterol or high fat? {hicholnw_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Has a doctor ever recommended changes in your child's diet to lower cholesterol? {hicholdt_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

No

Don't know

2. Has a doctor ever told you or your child that he/she has high blood pressure? [{hxhibldp_heaq}](#)

Yes →

	Yes	No	Don't know
Has a doctor ever prescribed any medicine for high blood pressure? {hibpmeds_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Is your child currently taking any medicine for high blood pressure? {hibpmdnw_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

No

Don't know

3. Has a doctor ever told you or your child that he/she has any of the following medical conditions?

	Yes	No	Don't know
Addison's disease {hxaddiso_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Asthma {hxasthma_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Celiac disease {hxceliac_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Hyperthyroidism (high thyroid) {hxhyphy_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Hypothyroidism (low thyroid) {hxlowthy_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Vitiligo (white skin patches) {hxvitili_heaq}	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

4. Has a doctor said that diabetes has affected your child's kidneys? [{hxkidney_heaq}](#)

Yes →

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

No

Don't know

5. Has a doctor said that diabetes has injured the retina, that is, the back of your child's eye, (called retinopathy)? [{hxretina_heaq}](#)

Yes →

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

Don't know

6. Has your child had any other major illness or medical conditions that were not listed? [{hxothril_heaq}](#)

Yes (please list all conditions) [{hxothrsp_heaq}](#) _____

No

Don't know