

CHART 8

MRH RESEARCH PROGRAM
SPECIAL HEALTH REPORT

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University of Minnesota

Code # _____

1. Present marital status (circle one) single married widowed separated divorced
2. Birthdate ____ (mo.) ____ (day) ____ (yr.)
3. Current height ____ ft. ____ in.
4. Current weight ____ lbs.
5. Approximate weight at age 18 ____ lbs.
6. Usual occupation _____
7. Number of years of school (e.g., 4 yr. college = 16) ____

**DISEASES &
CONDITIONS**
SPECIAL REPORT

DISEASES OR CONDITIONS OF REPRODUCTIVE SYSTEM

8. Uterus (womb)
 - Has menopause occurred? ____ no ____ yes (if so, year ____)
 - Was a hysterectomy done? ____ no ____ yes (if so, year ____)
 - Reason _____
9. Ovaries or Fallopian Tubes
 - Any surgery? ____ no ____ yes (if so, year ____)
 - Reason for surgery _____
10. Breast
 - Any surgery? ____ no ____ yes (if so, year ____)
 - Reason for surgery _____
 - Was a cancer present? ____ no ____ yes
 - Other breast diseases _____

11. Please check whether or not you have had any of the following diseases or conditions. If so, please note year first detected and specific diagnosis. If you need more space for explanation, use reverse side.

DISEASE OR CONDITION	Yes	No	SPECIFIC DIAGNOSIS OR PROBLEM	YEAR FIRST DETECTED
a. High blood pressure				
b. Chronic lung diseases such as emphysema				
c. Asthma or allergies				
d. Kidney disease				
e. Diabetes				
f. Stroke				
g. Disease of colon or rectum				
h. Gall bladder disease				
i. Liver disease				
j. Pancreas disease				
k. Disease of stomach or duodenum				
l. Seizures (epilepsy)				
m. Heart disease				
n. Tumors, cancers, or any other illness not listed above				