MEDICAL HISTORY

I want to ask you about any sicknesses you have had. (circle answer)

1. Are your eyes good? Can you see everything?
   yes  no  don’t know

2. Are your ears good? Can you hear everything?
   yes  no  don’t know

3. Have you ever had a stroke? (got weak down one side of your body)
   yes  no  don’t know

4. Have you got sugar sickness? (diabetes)
   yes  no  don’t know

5. Have you got high blood pressure?
   yes  no  don’t know

6. Have you got heart problems?
   yes  no  don’t know

7. Have you got kidney problems?
   yes  no  don’t know

8. Do you have trouble walking?
   yes  no  don’t know
   Write details. ..................................................

9. Do you have any pain?
   yes  no  don’t know
   9.1 if yes: sometimes  most of the time

10. Do you fall down sometimes?
    yes  no  don’t know
    10.1 if yes: did you hurt yourself?
    yes  no  don’t know

11. Have you ever been hit on the head and knocked out?
    yes  no  don’t know

12. Do you ever have gumbu (urine) problems?
    yes  no  don’t know
    12.1 if yes: Do you ever make gumbu (urine) in your clothes?
    yes  no  don’t know

13. Have you been sick and gone to hospital? What for?
    yes  no  don’t know

14. What sort of medicines do you take? (list names or number of tablets)....................