Co-morbidities Screen

Have you been told by a doctor that you have any of the following (select all that apply)?

No Medical Problems	Heart Disease	High Blood Pressure	Heart Rate Abnormalities (Arrythmia/ Palpitation)	Problems Caused by Stroke
Fainting or Blackouts	High Cholesterol	Leg Pain when Walking due to Poor Circulation	Aortic Aneurysm	Lung Disease
Diabetes	Kidney Disease	Disease of the Nervous System	Liver Disease	Stomach Disease (Peptic Ulcer)
Thyroid or Endocrine	Cancer (within the Last 5 Years)	Epilepsy or Seizures	Depression	Anaemia or Other Blood Disease (e.g. Bleeding, Blood Clotting Disorder)
Blood Borne Infectious Diseases	Arthritis	Back Pain	Rheumatoid Arthritis	Other

Have you ever suffered from a blood clot in your calf (Deep Vein Thrombosis/DVT) or blood clot in your lung (Pulmonary Embolus / PE)?

Neither	Have had a Blood Clot	Have had PE

Please can you provide more details about your PE or DVT

Give Details

If you selected Heart Disease;

Which of these heart issues do you suffer from?

Heart Murmur	Congestive Cardiac Failure	Previous Heart Attack	Heart Related Chest Pain / Agina	Previous Heart Surgery or Angioplasty

I have a pacemaker	other

Have you seen a Cardiologist in the last 5 years

Not Seen a Cardiologist (in the last 5 years)	Have Seen a Cardiologist (in the last 5 years)

Details about Medical Conditions

Please if possible can you provide more detail.

If you selected High Blood Pressure;

Are you currently on treatment for High Blood Pressure?

No Treatment	On Treatment

Details about Medical Conditions

Please if possible can you provide more detail.

If you selected lung problems, which of these do you suffer from;

Asthma	Emphysema / COPD	Other

Other Lung Problem

Give Details

Have you seen a respiratory physician in the last 5 years

Not Seen a respiratory physician (in the last 5 years)	Have Seen a respiratory physician (in the last 5 years)

Details about Medical Conditions

Please if possible can you provide more detail.

If you selected Liver Disease;

Liver Disease: Do you have any of the following?

None of These	Cirrhosis	Portal Hypertension	Variceal Bleeding	Chronic Hepatitis

Details about Medical Conditions

Please if possible can you provide more detail.

If you selected Cancer (within the Last 5 Years);

Details about Cancer

None of These	Lymphoma	Leukaemia	Spread to Bones or other areas

Details about Medical Conditions

Please if possible can you provide more detail.

If you selected Blood Borne Infectious Diseases

Blood Borne Infectious Diseases

Hep C	Hep B	HIV	Malaria	Other

Details about Medical Conditions

Please if possible can you provide more detail.

If you selected Other;

Other Problems

Give Details

Details about Medical Conditions

Please if possible can you provide more detail.