## Co-morbidities Screen

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

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

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?
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

<table>
<thead>
<tr>
<th>Not Seen a respiratory physician (in the last 5 years)</th>
<th>Have Seen a respiratory physician (in the last 5 years)</th>
</tr>
</thead>
</table>

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.