

General Health:

- | | |
|---|---|
| <input type="checkbox"/> Do you have anorexia nervosa? | <input type="checkbox"/> Are you anemic? |
| <input type="checkbox"/> Do you have a thyroid disorder? | <input type="checkbox"/> Do you have a stomach or duodenal ulcer? |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Do you have high blood pressure? |
| <input type="checkbox"/> Underactive | <input type="checkbox"/> Do you take a separate vitamin A supplement? |
| <input type="checkbox"/> Do you take thyroid medication? | <input type="checkbox"/> Do you take vitamins? |
| <hr/> | |
| <input type="checkbox"/> Are you constipated? | |
| <input type="checkbox"/> Have you gained weight? | |
| <input type="checkbox"/> Have you lost weight? | |
| <input type="checkbox"/> Has your voice recently changed? | |

Women Only:

- | | |
|---|---|
| <input type="checkbox"/> Are your menstrual periods regular? | <input type="checkbox"/> Have you noticed any increase of hair on your breasts? |
| <input type="checkbox"/> Are they heavy? | <input type="checkbox"/> Has any other body hair increased? |
| <input type="checkbox"/> Have you noticed increased hair on your abdomen? | <input type="checkbox"/> Do you have acne? |

In the past six months have you:

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|--|---|
| <input type="checkbox"/> Had a baby? | <input type="checkbox"/> Stopped hormone supplements? |
| <input type="checkbox"/> Started oral contraception? | <input type="checkbox"/> Gone through menopause? |
| <input type="checkbox"/> Stopped oral contraception? | |

Do you take any of the following medications?

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|---|---|-------------------------------------|
| <input type="checkbox"/> Allourinol (Zyloprim) | <input type="checkbox"/> Azulfadine | <input type="checkbox"/> Clinoril |
| <input type="checkbox"/> Phenytoin (Dilanten) | <input type="checkbox"/> Gentamycin | <input type="checkbox"/> Corgard |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Iodides | <input type="checkbox"/> Elavil |
| <input type="checkbox"/> Carbamazepine (Tegretol) | <input type="checkbox"/> Levodopa | <input type="checkbox"/> Elexeril |
| <input type="checkbox"/> Comarin | <input type="checkbox"/> Gold shots | <input type="checkbox"/> Gentamicin |
| <input type="checkbox"/> Heparin | <input type="checkbox"/> Triparanol | <input type="checkbox"/> Isoptin |
| <input type="checkbox"/> Isotrentoin (Accutane) | <input type="checkbox"/> Propylthiouracil – PTU | <input type="checkbox"/> Lopid |
| <input type="checkbox"/> Lithium | <input type="checkbox"/> Methimazole Tapazole) | <input type="checkbox"/> Minipres |
| <input type="checkbox"/> Birth Control Pills | <input type="checkbox"/> Atromid – S | <input type="checkbox"/> Motrin |
| <input type="checkbox"/> Vitamin A | <input type="checkbox"/> Choloxin | <input type="checkbox"/> Nolfon |
| <input type="checkbox"/> Multi Vitamins | <input type="checkbox"/> Calan | <input type="checkbox"/> Tagamet |
| <input type="checkbox"/> Colchicine | <input type="checkbox"/> Cardizem | <input type="checkbox"/> Tenormin |
| <input type="checkbox"/> Anticancer drugs | <input type="checkbox"/> Catapres | <input type="checkbox"/> Vasotec |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Clinoril | <input type="checkbox"/> Verapamil |
| <input type="checkbox"/> Beta blockers (Iderol, Inderide) | <input type="checkbox"/> Calan | <input type="checkbox"/> Zantac |
| | <input type="checkbox"/> Cardizem | |
| | <input type="checkbox"/> Catapres | |

Other: _____