Medical History

ERROR! You must complete the enrollment form and the visit form before you can start this form.

Date of Comorbidities form collection: ____________________________

Check this box if the coordinator is entering data: ☐ Coordinator data entry

Have you been diagnosed with any of the following conditions?

Immunocompromised condition (such as a transplant, HIV, or an immune deficiency):

☐ No
☐ Yes, already had this condition during the year before [stem_my]
☐ Yes, diagnosed for the first time at the time of [stem_my]
☐ Prefer not to answer

Immunocompromised condition (such as a transplant, HIV, or an immune deficiency):

☐ No
☐ Yes, already had this condition during the year before [stem_my]
☐ Yes, diagnosed for the first time at the time of [stem_my]
☐ Yes, diagnosed for the first time after [stem_my]
☐ I prefer not to answer

Immunocompromised condition (such as a transplant, HIV, or an immune deficiency):

☐ No
☐ Yes, I already had this condition during the year before [stem_my]
☐ Yes, I was diagnosed for the first time on or after [stem_my]
☐ I prefer not to answer

Immunocompromised condition (such as a transplant, HIV, or an immune deficiency):

☐ Yes
☐ No
☐ I prefer not to answer

Have you had a transplant?

☐ Yes
☐ No
☐ Prefer not to answer

What type of transplant?

☐ Heart
☐ Lung
☐ Kidney
☐ Liver
☐ Bone marrow
☐ Prefer not to answer
Rheumatologic, autoimmune or connective tissue disease

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Which rheumatologic, autoimmune or connective tissue disease(s) do you have?

- Anti-phospholipid syndrome
- Lupus (systemic lupus erythematosus)
- Sjogren's syndrome
- Graves' hyperthyroidism
- Hashimoto's thyroiditis
- Celiac disease
- Guillain-Barre syndrome
- Sarcoidosis
- Autoimmune encephalitis
- Multiple sclerosis
- Myasthenia gravis
- Mixed connective tissue disorder
- Systemic sclerosis, scleroderma, CREST syndrome
- Inflammatory bowel disease (Crohn's or ulcerative colitis)
- Rheumatoid arthritis
- Psoriasis or psoriatic arthritis
- Ankylosing spondylitis
- Giant cell arteritis
- ANCA-associated vasculitis
- Polymyalgia rheumatica
- Temporal arteritis
- Other vasculitis
- Other
- Don't know exact type
- I prefer not to answer
Current cancer or ongoing cancer treatment:

- No
- Yes, already had this condition during the year before  [stem_my]
- Yes, diagnosed for the first time at the time of  [stem_my]
- Yes, diagnosed for the first time after  [stem_my]
- I prefer not to answer

What type(s) of cancer do you currently have (or are you undergoing treatment for)?

- Bladder cancer
- Blood or soft tissue cancer
- Bone cancer
- Brain cancer
- Breast cancer
- Cervical cancer
- Colon cancer/Rectal cancer
- Endocrine cancer
- Endometrial cancer
- Esophageal cancer
- Eye cancer
- Head and Neck cancer
- Kidney cancer
- Lung cancer
- Ovarian cancer
- Pancreatic cancer
- Prostate cancer
- Skin cancer
- Stomach cancer
- Thyroid cancer
- Other cancer
- I prefer not to answer

Chronic liver disease

- No
- Yes, already had this condition during the year before  [stem_my]
- Yes, diagnosed for the first time at the time of  [stem_my]
- I prefer not to answer
Chronic liver disease
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Chronic liver disease
- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Chronic liver disease
- Yes
- No
- I prefer not to answer

Obesity
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Obesity
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Obesity
- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Obesity
- Yes
- No
- I prefer not to answer

Diabetes
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer
Diabetes
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]

Diabetes
- Yes
- No
- I prefer not to answer

Which type of diabetes do you have?
- Type 1
- Type 2
- Mixed
- Don't know
- Prefer not to answer

Kidney disease
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]

Kidney disease
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]

Kidney disease
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]

Kidney disease
- Yes
- No
- I prefer not to answer

Do you undergo dialysis for your kidney disease?
- Yes
- No
- Prefer not to answer
When did you start dialysis? Please specify the first day of the correct month and year.

Error: The date you started dialysis must be in the past.

High blood pressure, with or without treatment (hypertension, HTN)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

High blood pressure, with or without treatment (hypertension, HTN)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

High blood pressure, with or without treatment (hypertension, HTN)

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

High blood pressure, with or without treatment (hypertension, HTN)

- Yes
- No
- I prefer not to answer

Cardiovascular disease (e.g., heart failure, heart attack, high blood pressure)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Cardiovascular disease (e.g., heart failure, heart attack, high blood pressure)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Cardiovascular disease (e.g., heart failure, heart attack, high blood pressure)

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer
Cardiovascular disease (e.g., heart failure, heart attack, high blood pressure)

- Yes
- No
- I prefer not to answer

Which specific type(s) of cardiovascular disease do you have?

- Congestive heart failure (CHF, heart failure)
- Coronary artery disease (angina, heart attack, stent, bypass surgery)
- Myocarditis
- High blood pressure with or without treatment (hypertension)
- Atrial fibrillation
- Heart valve disease
- Congenital heart disease
- Other
- Don't know exact type
- I prefer not to answer

Stroke, TIA (transient ischemic attack or mini-stroke), intracerebral hemorrhage or subarachnoid hemorrhage (bleeding in the brain), or cerebral venous thrombosis (type of blood clot in the brain)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer
<table>
<thead>
<tr>
<th>Which specific type(s) of stroke, hemorrhage, or thrombosis?</th>
<th>Ischemic stroke or transient ischemic attack (mini stroke)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intraparenchymal hemorrhage or intraventricular hemorrhage (bleeding in brain)</td>
<td></td>
</tr>
<tr>
<td>Subarachnoid hemorrhage (bleeding between the brain and the skull)</td>
<td></td>
</tr>
<tr>
<td>Cerebral venous thrombosis or cerebral sinus thrombosis</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Don’t know exact type</td>
<td></td>
</tr>
<tr>
<td>I prefer not to answer</td>
<td></td>
</tr>
</tbody>
</table>

**Asthma**

- **No**
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

**Asthma**

- **No**
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

**Asthma**

- **No**
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

**Asthma**

- **Yes**
- **No**
- I prefer not to answer

**Chronic obstructive pulmonary disease (COPD) including emphysema, chronic bronchitis, obstructive pulmonary disease**

- **No**
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

**Chronic obstructive pulmonary disease (COPD) including emphysema, chronic bronchitis, obstructive pulmonary disease**

- **No**
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer
Chronic obstructive pulmonary disease (COPD) including emphysema, chronic bronchitis, obstructive pulmonary disease

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Chronic obstructive pulmonary disease (COPD) including emphysema, chronic bronchitis, obstructive pulmonary disease

- Yes
- No
- I prefer not to answer

Other chronic lung disease

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Other chronic lung disease

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Other chronic lung disease

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Other chronic lung disease

- Yes
- No
- I prefer not to answer

Use of oxygen at home

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Use of oxygen at home

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer
Use of oxygen at home
- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Sickle cell anemia
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Dementia, memory impairment, cognitive disorder, or developmental delay
- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer
Dementia, memory impairment, cognitive disorder, or developmental delay

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Dementia, memory impairment, cognitive disorder, or developmental delay

- Yes
- No
- I prefer not to answer

Depression or anxiety disorder

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Depression or anxiety disorder

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Depression or anxiety disorder

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Depression or anxiety disorder

- Yes
- No
- I prefer not to answer

Bipolar disorder or psychosis (hearing or seeing things others can't; odd or unusual beliefs; paranoia)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Bipolar disorder or psychosis (hearing or seeing things others can't; odd or unusual beliefs; paranoia)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer
Bipolar disorder or psychosis (hearing or seeing things others can't; odd or unusual beliefs; paranoia)

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Bipolar disorder or psychosis (hearing or seeing things others can't; odd or unusual beliefs; paranoia)

- Yes
- No
- I prefer not to answer

Other mental health disorder

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Other mental health disorder

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Other mental health disorder

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Other mental health disorder

- Yes
- No
- I prefer not to answer

Chronic pain syndrome or fibromyalgia

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Chronic pain syndrome or fibromyalgia

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer
Chronic pain syndrome or fibromyalgia

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

POTS (Postural Orthostatic Tachycardia Syndrome) or other form of dysautonomia or autonomic dysfunction

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer
POTS (Postural Orthostatic Tachycardia Syndrome) or other form of dysautonomia or autonomic dysfunction

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Indicate which specific type(s) of dysautonomia you have

- Postural orthostatic tachycardia syndrome (POTS)
- Autonomic neuropathy
- Orthostatic hypotension/intolerance
- Sympathetic storming, paroxysmal sympathetic hyperactivity
- Other
- Don't know exact type
- I prefer not to answer

Polycystic ovarian syndrome

- No
- Yes, already had this condition during the year before [stem_my]
- Yes, diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Central nervous system (brain) infection, inflammatory disease or demyelinating disease

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer
Central nervous system (brain) infection, inflammatory disease or demyelinating disease

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Seizure disorder

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Which specific type(s) of central nervous system (brain) infection, inflammatory disease, or demyelinating disease do you have?

- Multiple sclerosis
- Encephalitis
- Meningitis
- Transverse myelitis
- CNS vasculitis
- Other
- Prefer not to answer
Neuromuscular disease (neuropathy, myopathy, myasthenia gravis, etc.)

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time at the time of [stem_my]
- Yes, I was diagnosed for the first time after [stem_my]
- I prefer not to answer

Neuromuscular disease (neuropathy, myopathy, myasthenia gravis, etc.)

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time at the time of [stem_my]
- Yes, I was diagnosed for the first time after [stem_my]
- I prefer not to answer

Neuromuscular disease (neuropathy, myopathy, myasthenia gravis, etc.)

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time on or after [stem_my]
- I prefer not to answer

Neuromuscular disease (neuropathy, myopathy, myasthenia gravis, etc.)

- Yes
- No
- I prefer not to answer

Which specific type(s) of neuromuscular disease do you have?

- Neuropathy
- Myopathy
- Myasthenia gravis or other neuromuscular junction disorder
- Radiculopathy
- Guillain-Barre Disease, Acute Inflammatory Demyelinating Polyneuropathy (AIDP), Acute Motor Axonal Neuropathy (AMAN), Miller Fisher, or other variants
- Other
- Prefer not to answer

Movement disorder

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time at the time of [stem_my]
- I prefer not to answer

Movement disorder

- No
- Yes, I already had this condition during the year before [stem_my]
- Yes, I was diagnosed for the first time at the time of [stem_my]
- Yes, I was diagnosed for the first time after [stem_my]
- I prefer not to answer
Movement disorder

☐ No
☐ Yes, I already had this condition during the year before [stem_my]
☐ Yes, I was diagnosed for the first time on or after [stem_my]
☐ I prefer not to answer

Movement disorder

☐ Yes
☐ No
☐ I prefer not to answer

Which specific type(s) of movement disorder do you have?

☐ Parkinsonism
☐ Essential tremor or other tremor
☐ Tics
☐ Dystonia
☐ Myoclonus
☐ Chorea, Huntington's
☐ Restless legs or periodic limb movements of sleep
☐ Other
☐ Prefer not to answer