

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?

Have you been diagnosed with any of the following conditions in [stem_the]?

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]
- I 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

Rheumatologic, autoimmune or connective tissue 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

Rheumatologic, autoimmune or connective tissue disease

- Yes
- No
- 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]
- 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

Current cancer or ongoing cancer treatment:

- 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

Current cancer or ongoing cancer treatment:

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

Diabetes

- 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

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]
- I 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]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Kidney 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

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

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]
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 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, 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

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)

- Yes
 No
 I prefer not to answer

Which specific type(s) of stroke, hemorrhage, or thrombosis?

- Ischemic stroke or transient ischemic attack (mini stroke)
 - Intraparenchymal hemorrhage or intraventricular hemorrhage (bleeding in brain)
 - Subarachnoid hemorrhage (bleeding between the brain and the skull)
 - Cerebral venous thrombosis or cerebral sinus thrombosis
 - Other
 - Don't know exact type
 - 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]
 - 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

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- 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

Use of oxygen at home

- Yes
- No
- 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

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]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Sickle cell anemia

- 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

- Yes
- No
- 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, 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

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

Chronic pain syndrome or fibromyalgia

- Yes
- No
- 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

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]
- Yes, diagnosed for the first time after [stem_my]
- I prefer not to answer

Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)

- 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)

- Yes
- No
- 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, 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

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

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

- Yes
 No
 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

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]
 Yes, diagnosed for the first time after [stem_my]
 I prefer not to answer

Polycystic ovarian syndrome

- 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

Polycystic ovarian syndrome

- Yes
 No
 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 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 at the time of [stem_my]
 Yes, I was diagnosed for the first time 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

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

- Yes
 No
 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

Seizure 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

Seizure 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

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

Seizure disorder

- Yes
 No
 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]
 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