

People sometimes look to others for help, friendship, or other types of support. Next are some questions about the support that you have. How often is each of the following kinds of support available to you if you need it? (Mark one oval on each line.)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. Someone you can count on to listen to you when you need to talk	①	②	③	④	⑤
2. Someone to give you good advice about a problem	①	②	③	④	⑤
3. Someone to take you to the doctor if you need it ...	①	②	③	④	⑤
4. Someone to have a good time with	①	②	③	④	⑤
5. Someone to help you understand a problem when you need it	①	②	③	④	⑤
6. Someone to help with daily chores if you are sick	①	②	③	④	⑤
7. Someone to share your most private worries and fears	①	②	③	④	⑤
8. Someone to do something fun with	①	②	③	④	⑤
9. Someone to love you and make you feel wanted ...	①	②	③	④	⑤

The next questions are about your living and social activities.

10. Who lives with you? (Mark one oval for each item.)

	No	Yes
10.1. I live alone	①	①
10.2. I live with my husband or partner	①	①
10.3. I live with my children	①	①
10.4. I live with my brother and/or sister	①	①
10.5. I live with other relatives	①	①
10.6. I live with friends	①	①
10.7. Other: _____ (Please describe)	①	①

Of the people who are important to you, how many ...

- | | None | One | Some | Most | All |
|--|------|-----|------|------|-----|
| 16. Get on your nerves? | ① | ② | ③ | ④ | ⑤ |
| 17. Ask too much of you? | ① | ② | ③ | ④ | ⑤ |
| 18. Do <u>not</u> include you? | ① | ② | ③ | ④ | ⑤ |
| 19. Try to get you to do things you don't want to? | ① | ② | ③ | ④ | ⑤ |

Please answer the following questions about yourself. Mark one oval for each question. Try not to let an answer to one question affect your answer to other questions.

- | | Strongly Disagree | Disagree | Neutral (In-between) | Agree | Strongly Agree |
|--|-------------------|----------|----------------------|-------|----------------|
| 20. In unclear times, I usually expect the best | ① | ② | ③ | ④ | ⑤ |
| 21. If something can go wrong for me, it will | ① | ② | ③ | ④ | ⑤ |
| 22. I'm always hopeful about my future | ① | ② | ③ | ④ | ⑤ |
| 23. I hardly ever expect things to go my way | ① | ② | ③ | ④ | ⑤ |
| 24. I rarely count on good things happening to me | ① | ② | ③ | ④ | ⑤ |
| 25. Overall, I expect more good things to happen to me than bad | ① | ② | ③ | ④ | ⑤ |
| 26. When I am angry, people around me usually know | ① | ② | ③ | ④ | ⑤ |
| 27. People can tell from my facial expressions how I am feeling | ① | ② | ③ | ④ | ⑤ |
| 28. I always express disappointment when things don't go as I'd like them to | ① | ② | ③ | ④ | ⑤ |
| 29. If someone makes me angry in a public place, I will "cause a scene" | ① | ② | ③ | ④ | ⑤ |

- | | Strongly Disagree | Disagree | Neutral (In-between) | Agree | Strongly Agree |
|---|-------------------|----------|----------------------|-------|----------------|
| 30. After I express anger at someone, it bothers me for a long time | ① | ② | ③ | ④ | ⑤ |
| 31. I try to suppress my anger, but I would like other people to know how I feel | ① | ② | ③ | ④ | ⑤ |
| 32. I worry that if I express negative emotions such as fear and anger, other people will not approve of me | ① | ② | ③ | ④ | ⑤ |

The following questions are about your opinions and beliefs. Read each statement and decide whether it is true as applied to you or false as applied to you. If the statement is true or mostly true, mark the oval under the "True" column. If it is false or usually false, mark the oval under the "False" column. Remember to give your own opinion of yourself. Do not leave any blank lines if you can avoid it; try to make some answer to every statement.

- | | False | True |
|---|-------|------|
| 33. I have often had to take orders from someone who did not know as much as I did | ① | ① |
| 34. I think a great many people make a lot of their bad luck in order to gain the sympathy and help of others | ① | ① |
| 35. It takes a lot of argument to convince most people of the truth | ① | ① |
| 36. I think most people would lie to get ahead | ① | ① |
| 37. Most people are honest mainly through fear of being caught | ① | ① |
| 38. Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it | ① | ① |
| 39. No one cares much what happens to you | ① | ① |
| 40. It is safer to trust nobody | ① | ① |
| 41. Most people make friends because friends are likely to be useful to them | ① | ① |
| 42. Most people inwardly do not like putting themselves out to help other people | ① | ① |
| 43. I have often met people who were supposed to be experts who were no better than I | ① | ① |
| 44. People often demand more respect for their own rights than they are willing to allow for others | ① | ① |
| 45. A large number of people are guilty of bad sexual behavior | ① | ① |



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46. Overall, how would you rate your quality of life? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worst			Halfway				Best			

As bad or worse than being dead

Best quality of life

47. How satisfied are you with your current quality of life? (Mark one oval in the box below.)

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissatisfied			Halfway				Satisfied			

Not at all happy with quality of life now

Very happy with quality of life now

48. In general, would you say your health is (Mark one oval.)

Excellent	Very good	Good	Fair	Poor
①	②	③	④	⑤

49. Compared to one year ago, how would you rate your health in general now? (Mark one oval.)

- ① Much better now than 1 year ago
- ② Somewhat better now than 1 year ago
- ③ About the same
- ④ Somewhat worse now than 1 year ago
- ⑤ Much worse than 1 year ago

The following are questions about a typical (or usual) day's activities. Does your health now limit you in these activities and, if so, how much? (Mark one oval for each question.)

- | | No,
not limited
at all | Yes,
limited
a little | Yes,
limited
a lot |
|---|------------------------------|-----------------------------|--------------------------|
| 50. Vigorous activities, such as running, lifting heavy objects,
or strenuous sports | ③ | ② | ① |
| 51. Moderate activities, such as moving a table, vacuuming,
bowling, or golfing | ③ | ② | ① |
| 52. Lifting or carrying groceries | ③ | ② | ① |
| 53. Climbing several flights of stairs | ③ | ② | ① |
| 54. Climbing one flight of stairs | ③ | ② | ① |
| 55. Bending, kneeling, stooping | ③ | ② | ① |
| 56. Walking more than a mile | ③ | ② | ① |
| 57. Walking several blocks | ③ | ② | ① |
| 58. Walking one block | ③ | ② | ① |
| 59. Bathing or dressing yourself | ③ | ② | ① |

60. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, neighbors, friends, or groups? (Mark one oval.)

	Not at all	Slightly	Moderately (Medium)	Quite a bit	Extremely (A lot)
.....	①	②	③	④	⑤

61. During the past 4 weeks, how much bodily pain have you had? (Mark one oval.)

	None	Very mild	Mild	Moderate (Medium)	Severe
...	①	②	③	④	⑤

62. During the past 4 weeks, how much did pain interfere with your normal work (both outside your home and at home)? (Mark one oval.)

	Not at all	A little bit	Moderately (Medium)	Quite a bit	Extremely (A lot)
.....	①	②	③	④	⑤



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The next questions are about your regular daily activities like work, child care, or community activities. As a result of your physical health, have any of the following problems occurred during the past 4 weeks?

- | | | |
|---|----|-----|
| | No | Yes |
| 63. You cut down on the amount of time you spent on work or other activities | Ⓐ | Ⓐ |
| 64. You accomplished less than you would have liked | Ⓐ | Ⓐ |
| 65. You were limited in the kind of work or other activities you did | Ⓐ | Ⓐ |
| 66. You had difficulty performing work or other activities (it took extra effort) | Ⓐ | Ⓐ |

In the past 4 weeks, as a result of any emotional problem (feeling depressed or anxious), have any of the following occurred?

- | | | |
|--|----|-----|
| | No | Yes |
| 67. You cut down on the amount of time spent on work or other activities | Ⓐ | Ⓐ |
| 68. You accomplished less than you would have liked | Ⓐ | Ⓐ |
| 69. You did work or other things less carefully than usual | Ⓐ | Ⓐ |

Of these statements, how true or false is each for you?

- | | | | | | |
|--|-----------------|-------------|----------|--------------|------------------|
| | Definitely true | Mostly true | Not sure | Mostly false | Definitely false |
| 70. I seem to get sick a little easier than other people | Ⓐ | Ⓑ | Ⓒ | Ⓓ | Ⓔ |
| 71. I am as healthy as anybody I know | Ⓐ | Ⓑ | Ⓒ | Ⓓ | Ⓔ |
| 72. I expect my health to get worse | Ⓐ | Ⓑ | Ⓒ | Ⓓ | Ⓔ |
| 73. My health is excellent | Ⓐ | Ⓑ | Ⓒ | Ⓓ | Ⓔ |

74. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends and relatives)?

- | | | | | |
|-----------------|------------------|------------------|----------------------|------------------|
| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| Ⓐ | Ⓑ | Ⓒ | Ⓓ | Ⓔ |

These questions are about how you feel and how things have been during the past 4 weeks.
Give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks . . .

- | | All
of the
time | Most
of the
time | A good
bit of
the time | Some
of the
time | A little
of the
time | None
of the
time |
|---|---|------------------------|------------------------------|------------------------|----------------------------|------------------------|
| 75. Did you feel full of pep?..... | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 76. Have you been a very nervous
person?..... | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 77. Have you felt so down in the dumps
that nothing could cheer you up?..... | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 78. Have you felt calm and peaceful? | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 79. Did you have a lot of energy?..... | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 80. Have you felt downhearted and blue?.. | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 81. Did you feel worn out? | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 82. Have you been happy? | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 83. Did you feel tired? | ① | ② | ③ | ④ | ⑤ | ⑥ |
| 84. Can you eat: | | | | | | |
| | ① Without help (able to feed yourself completely) | | | | | |
| | ② With some help (need help with cutting, etc.) | | | | | |
| | ③ Or are you completely unable to feed yourself? | | | | | |
| 85. Can you dress and undress yourself: | | | | | | |
| | ① Without help (able to pick out clothes, dress and undress yourself) | | | | | |
| | ② With some help | | | | | |
| | ③ Or are you completely unable to dress and undress yourself? | | | | | |
| 86. Can you get in and out of bed: | | | | | | |
| | ① Without any help or aids | | | | | |
| | ② With some help (either from a person or with the aid of some device) | | | | | |
| | ③ Or are you totally dependent on someone else to lift you? | | | | | |
| 87. Can you take a bath or shower: | | | | | | |
| | ① Without help | | | | | |
| | ② With some help (need help getting in and out of the tub, or need special attachments
on the tub) | | | | | |
| | ③ Or are you completely unable to bathe yourself? | | | | | |

Below is a list of symptoms people sometimes have. For each item, mark the one oval that best describes how bothersome the symptom was during the past 4 weeks for you. Be sure to mark one oval on each line.

If you did not have the problem, please mark the oval under "symptom did not occur." If you had the symptom, use the following key to indicate how bothersome it was:

Mild = symptom did not interfere with usual activities.

Moderate = symptom interfered somewhat with usual activities.

Severe = symptom was so bothersome that usual activities could not be performed.

	Symptom did not occur	Symptom occurred and was:		
		Mild	Moderate	Severe
88.1. Bloating or gas	⓪	①	②	③
88.2. Constipation (difficulty having bowel movements)	⓪	①	②	③
88.3. Night sweats	⓪	①	②	③
88.4. General aches or pains	⓪	①	②	③
88.5. Breast tenderness	⓪	①	②	③
88.6. Hot flashes	⓪	①	②	③
88.7. Diarrhea	⓪	①	②	③
88.8. Mood swings	⓪	①	②	③
88.9. Nausea	⓪	①	②	③
88.10. Dizziness	⓪	①	②	③
88.11. Feeling tired	⓪	①	②	③
88.12. Forgetfulness	⓪	①	②	③
88.13. Increased appetite	⓪	①	②	③
88.14. Heart racing or skipping beats	⓪	①	②	③
88.15. Tremors (shakes)	⓪	①	②	③
88.16. Heartburn	⓪	①	②	③
88.17. Restless or fidgety	⓪	①	②	③
88.18. Low back pain	⓪	①	②	③
88.19. Neck pain	⓪	①	②	③
88.20. Skin dryness or scaling	⓪	①	②	③



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	Symptom did not occur	Symptom occurred and was:		
		Mild	Moderate	Severe
88.21. Headaches or migraines	①	①	②	③
88.22. Clumsiness	①	①	②	③
88.23. Any trouble seeing that is uncorrected by lenses	①	①	②	③
88.24. Vaginal or genital irritation or itching	①	①	②	③
88.25. Difficulty concentrating	①	①	②	③
88.26. Joint pain or stiffness.....	①	①	②	③
88.27. Decreased appetite	①	①	②	③
88.28. Hearing loss	①	①	②	③
88.29. Swelling of hands or feet	①	①	②	③
88.30. Vaginal or genital dryness	①	①	②	③
88.31. Upset stomach or belly pain or discomfort	①	①	②	③
88.32. Pain or burning while urinating	①	①	②	③
88.33. Cough or wheezing	①	①	②	③
88.34. Vaginal or genital discharge	①	①	②	③

Below are some hard things that sometimes happen to people. Please try to think back over the past year to remember if any of these things happened. Mark the answer that seems best.

Yes, and it upset me:

<u>Over the past year:</u>	No	Yes, and it upset me:		
		Not too much	Moderately (Medium)	Very much
89.1. Did your spouse or partner die?	①	①	②	③
89.2. Did your spouse or partner have a serious illness?	①	①	②	③
90. Did a close friend or family member die or have a serious illness (other than your spouse or partner)?	①	①	②	③
91. Did you have any major problems with money?	①	①	②	③
92. Did you have a divorce or break-up with a spouse or partner?.....	①	①	②	③
93. Did a family member or close friend have a divorce or break-up?	①	①	②	③
94. Did you have a major conflict with children or grandchildren?	①	①	②	③
95. Did you have any major accidents, disasters, muggings, unwanted sexual experiences, robberies, or similar events?	①	①	②	③

Over the past year:

- | | | Yes, and it upset me: | | |
|-----|---|-----------------------|---------------------|-----------|
| | | Not too much | Moderately (Medium) | Very much |
| 96. | Did you or a family member or close friend lose their job or retire? ① | ① | ② | ③ |
| 97. | Were you physically abused by being hit, slapped, pushed, shoved, punched or threatened with a weapon by a family member or close friend?..... ① | ① | ② | ③ |
| 98. | Were you verbally abused by being made fun of, severely criticized, told you were a stupid or worthless person, or threatened with harm to yourself, your possessions, or your pets, by a family member or close friend?..... ① | ① | ② | ③ |
| 99. | Did a pet die? ① | ① | ② | ③ |

These questions are about your feelings during the past week. For each of the statements, please indicate the choice that tells how often you felt that way.

- | | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of time (3-4 days) | Most or all of the time (5-7 days) |
|--------|--|---|--|------------------------------------|
| 100.1. | You felt depressed (blue or down) ① | ① | ② | ③ |
| 100.2. | Your sleep was restless..... ① | ① | ② | ③ |
| 100.3. | You enjoyed life ① | ① | ② | ③ |
| 100.4. | You had crying spells ① | ① | ② | ③ |
| 100.5. | You felt sad ① | ① | ② | ③ |
| 100.6. | You felt that people disliked you ① | ① | ② | ③ |

101. In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

- No
- Yes

102. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

- No
- Yes

102.1. Have you felt depressed or sad much of the time in the past year?

No Yes

Go to the next page.



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These next questions are about your sleep habits. Please mark one of the answers for each of the following questions. Pick the answer that best describes how often you experienced the situation in the past 4 weeks.

- | | | | | | | |
|------|--|----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| | | No,
not in
past 4
weeks | Yes,
less than
once a
week | Yes,
1 or 2
times a
week | Yes,
3 or 4
times a
week | Yes,
5 or more
times a
week |
| 103. | Did you take any kind of medication or alcohol at bedtime to help you sleep? | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 104. | Did you fall asleep during quiet activities like reading, watching TV, or riding in a car? | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 105. | Did you nap during the day? | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 106. | Did you have trouble falling asleep? | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 107. | Did you wake up several times at night? | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 108. | Did you wake up earlier than you planned to? .. | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 109. | Did you have trouble getting back to sleep after you woke up too early? | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ |
| 110. | Did you snore? | <input type="radio"/> ③ | <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ |

Don't know

111. Overall, was your typical night's sleep during the past 4 weeks:

- | | | | | |
|--------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Very sound
or restful | Sound or
restful | Average
quality | Restless | Very
restless |
| <input type="radio"/> ⑤ | <input type="radio"/> ④ | <input type="radio"/> ③ | <input type="radio"/> ② | <input type="radio"/> ① |

112. About how many hours of sleep did you get on a typical night during the past 4 weeks?

- | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 5 or less
hours | 6
hours | 7
hours | 8
hours | 9
hours | 10 or more
hours |
| <input type="radio"/> ① | <input type="radio"/> ② | <input type="radio"/> ③ | <input type="radio"/> ④ | <input type="radio"/> ⑤ | <input type="radio"/> ⑥ |

Many women report that they leak urine (or pee). The next questions are about problems you may have had with leaking urine.

113. Have you ever leaked even a very small amount of urine involuntarily and you couldn't control it?

- No Yes

(If you answered "No," go to question 120.)

114. How often does this leaking urine occur? (Mark one oval.)

- Not once
during the
past year
①
- Less than
once a
month
②
- More than once
a month but
less than
once a week
③
- One or more
times a week
but less than
every day
④
- Daily
⑤

115. When do you usually leak urine? (Mark all that apply.)

- No longer
leak urine
①
- When I
cough, laugh,
sneeze, lift,
stand up,
or exercise
①
- When I feel the
need to urinate
and can't get to
a toilet fast
enough
②
- When I am
sleeping
③
- Other _____
⑥ (Please describe)

(If you "no longer leak urine," go to question 120.)

116. How much urine do you usually lose when it leaks? (Mark one oval.)

- None
①
- Barely
noticeable on
underpants
②
- Soaked
underpants
③
- Soaked through
to outer
clothing
④

117. What protection do you wear in case you leak urine? (Mark all that apply.)

- None
①
- Mini-pad,
tissue or
paper towel
②
- Menstrual pad
or shield
③
- Diaper, towel,
Attends,
Depends
④
- Other
⑤

118. How often does the leakage of urine limit your daily activities? (Mark one oval.)

- Never
①
- Almost
never
②
- Sometimes
③
- Fairly
often
④
- Very
often
⑤

119. How much does the leakage of urine bother or disturb you? (Mark one oval.)

- Not at all
disturbing
①
- A little
disturbing
②
- Somewhat
disturbing
③
- Very
disturbing
④
- Extremely
disturbing
⑤



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The last questions in this booklet ask about some personal topics. Although the following questions are sensitive and personal, they are important. Your answers will help us understand the health of women and may help us find better treatments for their health problems. Please be assured that your responses to these questions will remain confidential.

120. Are you currently married or in an intimate relationship with at least one person?..... ① No ② Yes ③
121. Did you have any sexual activity with a partner in the last year? ① No ② Yes ③ Don't want to answer ④
122. How satisfied are you with your current sexual activities, either with a partner or alone? (Mark one oval.) ① Very unsatisfied ② A little unsatisfied ③ Somewhat satisfied ④ Very satisfied ⑤ Don't want to answer ⑥
123. Are you satisfied with the frequency of your sexual activity, or would you like to have sex more or less often? (Mark one oval.) ① Less often ② Satisfied with current frequency ③ More often ④ Don't want to answer ⑤
124. Are you worried that sexual activities will affect your health? (Mark one oval.) ① Not at all worried ② A little worried ③ Somewhat worried ④ Very worried ⑤ Don't want to answer ⑥

125. Regardless of whether you are currently sexually active, which response best describes who you have had sex with over your adult lifetime?

- ① Have never had sex
- ② Sex with a woman or with women
- ③ Sex with a man or with men
- ④ Sex with both men and women
- ⑤ Prefer not to answer

125.1. Which response best describes who you have had sex with after 45 years of age?

- ① Never had sex
- ② Sex with a woman or with women
- ③ Sex with a man or with men
- ④ Sex with both men and women

126. What is the date you finished this form?

Month	Day	Year			

M	1	2	3	4	5	6	7	8	9	10	11	12
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	10	20	30									
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
	1	2	3	4	5	6	7	8	9			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Y	94	95	96	97	98	99						
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						

Thank you. Feel free to write any comments here or notes about things to ask your clinic staff.

Lined writing area for comments and notes.

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