

5. HEALTH QUESTIONS

- A. Have you been diagnosed, received treatment or had any of the following in the past **two years**?... ☐ Yes ☐ No
- Hospitalized (more than 24 hours) three times or more, or been recommended to have inpatient surgery that hasn't yet been performed?
 - Hospitalized for the treatment of mental or nervous disorders, including alcohol or drug abuse?
 - Diabetes; Liver disease; Macular degeneration; Connective tissue disorder; or broken bones due to osteoporosis?
 - Heart related:
 - Aneurysm
 - Carotid artery disease
 - Congestive heart failure
 - Coronary artery disease (hardening or narrowing of the artery or arterial blockage)
 - Enlarged heart
 - Heart attack
 - Heart rhythm disorder
 - Heart Valve disorder
 - Peripheral vascular disease
 - Pulmonary heart disease
 - Pulmonary hypertension
 - Stroke
- B. Have you been diagnosed or received treatment for any of the following in the past **five years**?..... ☐ Yes ☐ No
- Kidney disease, kidney dialysis or end-stage renal disease (ESRD)?
 - Cancer (except for non-melanoma skin cancer)?
 - Had or been recommended to have any organ transplant other than of the cornea?
- C. Have you been diagnosed with or received treatment for any of the following **at any time**? ☐ Yes ☐ No
- Alzheimer's disease
 - Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
 - Cerebral palsy
 - Cystic fibrosis
 - Emphysema
 - Hemophilia
 - Multiple sclerosis
 - Muscular dystrophy
 - Myasthenia gravis
 - Parkinson's disease
 - Rheumatoid arthritis
 - Sickle cell anemia
 - Systemic lupus
- D. Do any of the following statements **currently** describe you?..... ☐ Yes ☐ No
- I am confined to a nursing facility; I am hospitalized; or I am enrolled in a hospice program.