

## MEDICAL HISTORY

I want to ask you about any sicknesses you have had. (*circle answer*)

1. Are your eyes good? Can you see everything?

yes                      no                      don't know

2. Are your ears good? Can you hear everything?

yes                      no                      don't know

3. Have you ever had a stroke? (*got weak down one side of your body*)

yes                      no                      don't know

4. Have you got sugar sickness? (*diabetes*)

yes                      no                      don't know

5. Have you got high blood pressure?

yes                      no                      don't know

6. Have you got heart problems?

yes                      no                      don't know

7. Have you got kidney problems?

yes                      no                      don't know

8. Do you have trouble walking?

yes                      no                      don't know

Write details.....

9. Do you have any pain?

yes                      no                      don't know

**9.1 if yes:**    sometimes    most of the time

10. Do you fall down sometimes?

yes                      no                      don't know

**10.1 if yes:** did you hurt yourself?

yes                      no                      don't know

11. Have you ever been hit on the head and knocked out?

yes                      no                      don't know

12. Do you ever have gumbu (urine) problems?

yes                      no                      don't know

**12.1 if yes:** Do you ever make gumbu (urine) in your clothes?

yes                      no                      don't know

13. Have you been sick and gone to hospital? What for?

yes                      no                      don't know

14. What sort of medicines do you take? (*list names or number of tablets*).....