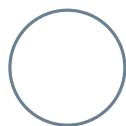




< SURVEY LIST



SURVEY TITLE

Your Annual Acute Health Conditions



In the past year, did you have a heart attack?

HINT TEXT

A HEART ATTACK IS A BLOCKAGE OF BLOOD FLOW DUE TO LACK OF BLOOD SUPPLY.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I HAD A HEART ATTACK IN THE PAST YEAR
NO, DID NOT HAVE A HEART ATTACK IN THE PAST YEAR



How many heart attacks did you have in the past year?

HINT TEXT

PLEASE ENTER A NUMBER, I.E. 1, 2, 3, ETC.

TEXT INPUT

SKIP IF: 1. IN THE PAST YEAR, DID YOU HAVE A HEART ATTACK?

IS: NO, DID NOT HAVE A HEART ATTACK IN THE PAST YEAR



In the past year, did you have a stroke (including TIA or transient ischemic attack)?

HINT TEXT

A STROKE IS AN INTERRUPTION IN BLOOD SUPPLY TO THE BRAIN.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I HAD A STROKE IN THE PAST YEAR
NO, I DID NOT HAVE A STROKE IN THE PAST YEAR

2.1

How many strokes did you have in the past year?

HINT TEXT

PLEASE ENTER A NUMBER, I.E. 1, 2, 3, ETC.

TEXT INPUT

SKIP IF: 2. IN THE PAST YEAR, DID YOU HAVE A STROKE
(INCLUDING TIA OR TRANSIENT ISCHEMIC ATTACK)?

IS: NO, I DID NOT HAVE A STROKE IN THE PAST YEAR

2.2

Do you take medications for stroke prevention?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES
NO

SKIP IF: 2. IN THE PAST YEAR, DID YOU HAVE A STROKE
(INCLUDING TIA OR TRANSIENT ISCHEMIC ATTACK)?

IS: NO, I DID NOT HAVE A STROKE IN THE PAST YEAR

3

In the past year, did you have a traumatic brain injury (TBI)?

HINT TEXT

A TRAUMATIC BRAIN INJURY IS A DISRUPTION TO NORMAL BRAIN
FUNCTION CAUSED BY A BLOW, JOLT, OR OTHER HEAD INJURY.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I HAD A TRAUMATIC BRAIN INJURY IN THE PAST
YEAR
NO, I DID NOT HAVE A TRAUMATIC BRAIN INJURY IN THE
PAST YEAR

3.1

How many TBI's have you had in the past year?

HINT TEXT

PLEASE ENTER A NUMBER, I.E. 1, 2, 3, ETC.

TEXT INPUT

SKIP IF: 3. IN THE PAST YEAR, DID YOU HAVE A TRAUMATIC
BRAIN INJURY (TBI)?

IS: NO, I DID NOT HAVE A TRAUMATIC BRAIN INJURY IN THE
PAST YEAR

3.2

Did you lose consciousness (more than 10 minutes) during any TBI in the past year?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 3. IN THE PAST YEAR, DID YOU HAVE A TRAUMATIC BRAIN INJURY (TBI)?

IS: NO, I DID NOT HAVE A TRAUMATIC BRAIN INJURY IN THE PAST YEAR

3.3

Did it limit your activities?

HINT TEXT

(EMPTY)

SINGLE SELECT

OPTIONS: YES

NO

SKIP IF: 3. IN THE PAST YEAR, DID YOU HAVE A TRAUMATIC BRAIN INJURY (TBI)?

IS: NO, I DID NOT HAVE A TRAUMATIC BRAIN INJURY IN THE PAST YEAR

4

In the past year, did you have any surgeries that required anesthesia?

HINT TEXT

ANESTHESIA CAN INCLUDE MEDICALLY INDUCED, TEMPORARY STATE OF LOSS OF SENSATION OR AWARENESS.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES, I HAD SURGERY UNDER ANESTHESIA IN THE PAST YEAR

NO, I DID NOT HAVE SURGERY UNDER ANESTHESIA IN THE PAST YEAR

4.1

Which type(s) of surgery did you have in the past year?

HINT TEXT

SELECT ALL THAT APPLY.

MULTI SELECT

OPTIONS:

CARDIAC SURGERY (SUCH AS PACEMAKER OR CARDIAC DEVICE IMPLANTATION, CORONARY ARTERY BYPASS SURGERY, HEART VALVE REPAIR OR REPLACEMENT, ANEURYSM REPAIR, OPEN HEART SURGERY, OR HEART TRANSPLANT)

ORTHOPAEDIC SURGERY (INVOLVING THE MUSCULOSKELETAL SYSTEM, SUCH AS ARTHROSCOPIC JOINT SURGERY; BONE FRACTURE REPAIR; HIP REPLACEMENT; OR HAND, ELBOW, SHOULDER, ARM, FOOT, ANKLE, OR SPINE SURGERIES)

GASTROINTESTINAL SURGERY (SUCH AS APPENDECTOMY, ADRENALECTOMY, SPLENECTOMY, GALL STONE SURGERY, COLON SURGERY, PANCREATIC SURGERY, POLYP/PEPTIC ULCER SURGERY, OR SURGICAL REDUCTION OF THE STOMACH)

CRANIAL OR BRAIN SURGERY (SUCH AS DEEP BRAIN STIMULATION, BRAIN ANEURYSM, BRAIN ABSCESSSES, OR SURGERY TO RELIEVE PRESSURE AFTER BRAIN INJURY)

TUMOR REMOVAL (REMOVAL OF ABNORMAL GROWTH OF CELLS, SUCH AS ADENOMAS, FIBROMAS OR FIBROIDS; HEMANGIOMAS, OR BUILD UP OF BLOOD CELLS UNDER THE SKIN OR INTERNAL ORGANS; MENINGIOMAS, OR TUMORS DEVELOPING AROUND BRAIN OR SPINE; MYOMAS, OR TUMORS DEVELOPING IN THE MUSCLES OF THE STOMACH; OR LIPOMAS FROM FAT CELLS)

PULMONARY SURGERY (SUCH AS LOBECTOMY, OR REMOVAL OF LUNG LOBE/S; WEDGE RESECTION, OR REMOVAL OF CANCEROUS SECTION OF LUNG; OR SLEEVE RESECTION, WHICH IS THE REMOVAL OF THE BRONCHUS)

ENT SURGERY (ANY SURGERY INVOLVING THE EAR, NOSE OR THROAT)

EYE SURGERY (SUCH AS GLAUCOMA SURGERY; CATARACT SURGERY; LASER VISION CORRECTION, SUCH AS LASIK ® SURGERY; OR CANALOPLASTY TO IMPROVE THE EYE'S DRAINAGE SYSTEM BY WIDENING THE TEAR CANAL TO REDUCE EYE PRESSURE)

REPRODUCTIVE SURGERY (SUCH AS FALLOPIAN TUBE OBSTRUCTION, VASECTOMY)

COSMETIC SURGERY (SUCH AS FACIAL CONTOURING, RHINOPLASTY, LIPOSUCTION, COSMETIC IMPLANTS)

OTHER: [TEXT INPUT]

SKIP IF: 4. IN THE PAST YEAR, DID YOU HAVE ANY SURGERIES THAT REQUIRED ANESTHESIA?

IS: NO, I DID NOT HAVE SURGERY UNDER ANESTHESIA IN THE PAST YEAR