Medical History

Date of Medical History Collection

_____
(MM/DD/YYYY)

Conditions

Do you have any of the following conditions? (Select all that apply)

Immunocompromised condition	◯ Yes ◯ No
Autoimmune disease	◯ Yes ◯ No
Hypertension (HTN, high blood pressure)	◯ Yes ◯ No
Diabetes	◯ Yes ◯ No
Chronic kidney disease (CKD)	◯ Yes ◯ No
Cancer diagnosis and/or treatment within the past 12 months	◯ Yes ◯ No
Cardiovascular disease (CVD or heart disease)	◯ Yes ◯ No
Asthma	◯ Yes ◯ No
Chronic obstructive pulmonary disease (COPD)	◯ Yes ◯ No
Other chronic lung disease	◯ Yes ◯ No
Sickle Cell Anemia	◯ Yes ◯ No
Depression	◯ Yes ◯ No
Alcohol or substance use disorder	◯ Yes ◯ No
Intravenous drug use	◯ Yes ◯ No
Other mental health disorder	◯ Yes ◯ No
Other chronic condition	◯ Yes ◯ No

This module was extracted from page 9, section "Medical History" from the full document "RADx-UP Common Data Elements"