



STANDARD HEALTH QUESTIONNAIRE FOR WASHINGTON STATE

Use for Individual Coverage Beginning On or After October 1, 2009
Revised for Coverage Beginning on or after March 23, 2012

Important Information Before You Start

- Washington law allows private health carriers to require a person applying for an individual policy to complete the attached Standard Health Questionnaire and requires persons applying for nonsubsidized enrollment in the Basic Health Plan to complete the questionnaire if they do not qualify for an exemption. For purposes of this questionnaire subsequent references to “health carrier” include the Health Care Authority when administering the nonsubsidized Basic Health Plan.
- Under some circumstances **you may be exempt from taking the questionnaire.** (See pages 2. & 3.)
- The Standard Health Questionnaire was created by the Washington State Health Insurance Pool (WSHIP). It is the only health screening allowed by law for health carriers to use if they wish to screen for health conditions as a part of their determination of eligibility of people who apply for private, individual medical coverage.
- **Those rejected for medical coverage due to their score on the Standard Health Questionnaire are eligible for WSHIP coverage.** WSHIP was created by the Washington State Legislature to provide health coverage to those rejected for individual medical coverage or to those unable to obtain comprehensive coverage on either an individual or group basis.
- Health carriers may use the Standard Health Questionnaire as a health screening tool for products such as stand-alone prescription drug plans, disability income replacement or life insurance policies sold by the health carrier. Use of the Standard Health Questionnaire for these kinds of products does not guarantee the right to coverage with the Washington State Health Insurance Pool if an applicant is denied coverage for one of these products.
- The Standard Health Questionnaire is available from private health carriers on **paper** as a part of their application packet **or electronically for those applying for coverage on-line.**

Attention: If you are currently eligible for Medicare, or will be on the requested effective date of coverage for which you are applying, you are not eligible for private individual or family health coverage; and you should not fill out this questionnaire. **Medicare** is a federally sponsored program for individuals age 65 or older, or who have end-stage renal disease, or are disabled as defined by Social Security. Medicare and **Medicaid** are different. Medicaid is a state-sponsored program for individuals and families who qualify based on income and other criteria.

Need Help in Answering this Questionnaire?

- Contact the **health carrier** that you are submitting your application to; or
- Contact your **insurance agent**; or if you do not have an agent, use the **WSHIP Agent Directory** to locate an agent who is knowledgeable about the questionnaire. Request a copy of the Agent list from the health carrier to whom you are applying, or go to www.wship.org

ARE YOU EXEMPT FROM TAKING THIS QUESTIONNAIRE?

Revised for coverage beginning on or after March 23, 2012

Answer the following questions **before** you fill out the questionnaire to determine if you meet one of these exemptions.

If you do not know the answer to a question, please contact your agent or health carrier to whom you are applying for further instruction. You may be asked to provide further documentation to support your responses to the following questions.

If you answer “Yes” to any of the following questions, do not complete the health questionnaire. You may apply to the health carrier without taking the questionnaire.

If you answer “No” to all of the following questions, this page must be completed along with Parts 2 and 3 of the questionnaire. Submit the completed questionnaire to the health carrier with your application.

<p>1. Are you under 19 years of age?</p> <p>(Contact the health carrier, or OIC Consumer Hotline at 1-800-562-6900, for information on special open enrollment periods for children under 19 and coverage options outside of special enrollment periods.)</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>2. Have you changed residences from one part of Washington State to another part where your current health plan is not offered, <u>and</u> you are submitting your application within 90 days of relocation?</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>3. Is your health care provider no longer part of the provider network on your current individual health plan?</p> <p>To answer yes, <u>all</u> of the following must be true:</p> <ul style="list-style-type: none"> a. Your health care provider is on the new health plan you are applying for; <u>and</u> b. You received services from the provider during the 12 months before he or she left your current health plan; <u>and</u> c. You are submitting your application to the new health plan within 90 days of your provider leaving your current health plan’s network. 	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>4. Are you applying for individual health coverage within 90 days of using up your COBRA* coverage?</p> <p>(This includes loss of COBRA coverage due to your employer going out of business or discontinuing its health plan while you are on COBRA)</p> <p>To answer yes, you must have used up your COBRA coverage for any reason other than misrepresentation, gross misconduct, or failure to pay premium.</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>5. Have you been covered by a group plan provided by an employer that is exempt from COBRA, <u>and</u> you are applying for individual health coverage within 90 days of an event which would qualify you for COBRA if your employer had not been exempt from COBRA, <u>and</u> you had at least 24 months of continuous group coverage prior to such event?</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>6. Are you applying for individual health coverage within 90 days of terminating your COBRA coverage, <u>and</u> you had at least 24 months of continuous group coverage prior to termination? (Not applicable to BHP applicants).</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>7. Are you applying for individual health coverage within 90 days of an event which qualifies you for COBRA, <u>and</u> you had at least 24 months of continuous group coverage prior to such event but you choose not to take COBRA coverage? (Not applicable to BHP applicants.)</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>
<p>8. Have you been enrolled in the Washington State Basic Health Plan for at least 24 continuous months, and you are submitting your application within 90 days of disenrollment?</p>	<p>Yes</p> <p style="text-align: center;"><input type="radio"/></p>	<p>No</p> <p style="text-align: center;"><input type="radio"/></p>

<p>9. Are you applying for individual health coverage within 90 days of an event which qualifies you for COBRA, <u>and</u> you had at least 24 months of continuous group coverage prior to such event but you choose not to take COBRA coverage? (Not applicable to BHP applicants.)</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>
<p>10. Are you applying for individual insurance 90 days before or after your employer discontinues your group insurance due to business closure and you had at least 24 months of continuous group insurance coverage immediately prior to your insurance being discontinued and the effective date of the individual insurance you are applying for is on or within 90 days after the date your group insurance is discontinued?</p>	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>
<p>11. Is your current health carrier discontinuing all individual health benefit plan coverage by July 1, 2012? To answer yes, <u>all</u> of the following must be true:</p> <ul style="list-style-type: none"> a. You are applying for a new plan or to enroll in the nonsubsidized basic health plan within 90 days of the termination; <u>and</u> b. You have at least 24 months of continuous coverage prior to such event ; <u>and</u> c. Benefits under the plan being discontinued provide equivalent or overall greater coverage than the plan you are seeking to purchase. 	<p>Yes <input type="radio"/></p>	<p>No <input type="radio"/></p>

* COBRA refers to the federal law that requires certain employers to continue health coverage temporarily for certain former employees, retirees, spouses and dependents, at their expense when coverage is lost due to certain specific events. For more information about COBRA rules, go to the U.S. Dept. of Labor website: <http://www.dol.gov/ebsa/faqs>

PART 1.

INFORMATION ABOUT THE STANDARD HEALTH QUESTIONNAIRE

Submitting Your Questionnaire

- If you are applying for family coverage, **a separate questionnaire must be completed for each family member.**
- **Do not send medical records with this questionnaire.** If you are rejected for coverage and appeal the rejection, the health carrier may request further medical information which you may choose to provide if you believe it will assist the carrier in correctly scoring your questionnaire.
- If you have had health coverage from the health carrier to whom you are now applying for individual coverage, as part of reviewing your questionnaire the health carrier may also review the medical information in its files dating from your prior coverage with the health carrier.
- Any time you apply for individual coverage, change from one health carrier to another, or change plans with your current health carrier, a current health questionnaire may be required unless you are exempt from taking the questionnaire (see exemptions list pages 2. & 3.).
- **Your signed questionnaire will be valid to accompany your application for coverage for a 90 day period from the date you sign it.** If you wait more than 90 days to submit your application, you may have to complete a new health questionnaire.

How Your Questionnaire Is Scored

- The health carrier uses a standard scoring system designed by WSHIP to score your questionnaire.
- The scoring system document can be obtained from your health carrier or agent, or viewed and printed from WSHIP's website, www.wship.org.
- **Questions about the scoring of your questionnaire must be directed to the health carrier you are applying with, or your insurance agent, but not to WSHIP.**

If You Are Denied Coverage Because of Your Score

- If the health carrier rejects your application because of your score **you must be sent a rejection notice within 15 business days** after the health carrier **received** your completed application and health questionnaire. To be "complete" this questionnaire must be signed and dated. You must fully and completely answer every question.
- The health carrier will mail you information about coverage available through WSHIP. Your insurance agent can also provide this information to you, or you can contact WSHIP toll-free at 1-800-877-5187, or at www.wship.org. **To be eligible for WSHIP you must apply for coverage within 90 days of the date you receive your notice of rejection from the health carrier.**
- You may request an appeal of your score.

How To Appeal Your Score To the Health Carrier

You may request a review of your score if you think the health carrier did not score your questionnaire correctly or did not respond within the required time frame.

- To request a review of your score, **contact the health carrier directly in writing within 45 days of receipt of your rejection notice. Do not contact WSHIP to appeal your score.**
- **You may apply for coverage with WSHIP** during the time that your appeal is under review. (Contact WSHIP at 1-800-877-5187 for assistance.)

How To Appeal Your Score To WSHIP

- If the health carrier does not complete its review of your appeal within 30 calendar days of their receipt of your appeal request, or if you have exhausted your appeal rights with the health carrier, you may request a review from WSHIP.
- **WSHIP's review is limited** to whether the health carrier correctly applied the scoring system for the questionnaire and whether the health carrier's notice of rejection for coverage was provided or postmarked within 15 business days of the health carrier's receipt of your completed application.
- Send your written request for review to WSHIP along with:
 1. A copy of your completed health questionnaire;
 2. The health carrier's score of your questionnaire;
 3. A copy of your written appeal request to the health carrier; and
 4. A copy of the health carrier's written denial of your appeal, if applicable.
- **Mail to:** Appeals, WSHIP, P.O. Box 1090, Great Bend, KS 67530. For assistance call WSHIP toll-free at 1-800-877-5187.
- Within five business days of receipt of your request, WSHIP will respond to you confirming receipt of your request, the date it was received, the nature of the complaint and the resolution requested.
- WSHIP will investigate your appeal and make its decision within 30 days of receipt of the complete information needed to respond to the appeal. WSHIP will notify you and the health carrier of its decision. If you do not agree with the results of this appeal, you may appeal to the WSHIP Grievance Committee.
- **Contact WSHIP if you wish to enroll with WSHIP during your appeal review period.**

Your Privacy Rights

By completing this form, you are giving your medical information to the health carrier. Under Washington State RCW 48.43.021, except as otherwise required by statute or rule, a health carrier and the Washington State Health Insurance Pool (WSHIP), and persons acting at the direction of or on behalf of a health carrier or WSHIP, shall not disclose an applicant's personally identifiable health information unless such disclosure is explicitly authorized in writing by the person who is the subject of the information. Each health carrier issues its own "consumer privacy statement" and maintains its own privacy policies.

PART 2. QUESTIONNAIRE

Instructions

1. **Fill in your name** and other information in the box below.
2. **Read the definitions** (next page) to help you understand the questions.
3. In each section, **answer the YES/NO question in the box at the top of the page** to the best of your ability. Review the conditions in the table below the YES/NO question before answering.
4. **If you answer NO, you can move on to the next section.**
5. **If you answer YES, fill in the circle(s) next to each numbered medical condition you have or had within the stated time period.** Mark all conditions you have or had. This includes any conditions which resulted from another primary diagnosis. For example, for cancers that have metastasized, mark all types of cancer for which you have been diagnosed, treated, medicated and/or monitored. If you have multiple instances of a single condition you only need to mark it once.
6. **If you do not find your condition** listed on the questionnaire, **you can search for it on WSHIP's website**, under the link "Guide to Marking Medical Conditions on the Standard Health Questionnaire" **or you can write down this condition in Section L** of the questionnaire. Some rare medical conditions are not included in the questionnaire; however, they may be scored. A list of rare conditions can be obtained from the health carrier you are applying to or from the Office of Rare Disease Research <http://rarediseases.info.nih.gov/RareDiseaseList.aspx>; or from WSHIP's website, www.wship.org.
7. In answering this questionnaire, you are protected by federal law from having to reveal any information about your family history or any experience with genetic testing, genetic counseling, or other genetic services not related to diseases you currently have.
8. If you are the **parent or guardian** who is filling out this questionnaire for a child or individual with disabilities, please answer the questions as if "you" means the child or disabled individual; and check the box at the bottom of the signature page.
9. **Sign** and write the **date signed** on the last page.

IMPORTANT: Do not say you have a condition **unless** a doctor or other licensed medical care provider told you that you have or had a condition. **Be sure to mark all of the conditions you have or had.**

Your height and weight will be used in scoring to determine if you have morbid obesity.

ABOUT YOU – YOU MUST FILL IN THE FOLLOWING INFORMATION ABOUT YOURSELF:

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Contact Phone Number	Height
<input type="text"/> / <input type="text"/> / <input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>	Feet Inches
Mailing Address	City	State Zip
<input type="text"/>		
Email Address (optional, if you wish us to use it to contact you)	Gender	
<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	

Definitions

The following is a **list of terms** used in this questionnaire. These definitions will help you fill out the questionnaire if you do not understand any terms used.

- **Acute** (as opposed to **Chronic**): An illness typically with a sudden onset and resolving after a single course of treatment or therapy. Many are infectious in origin. Examples include pneumonia, gastritis, urinary tract infection, and minor trauma not requiring surgery.
- **Benign** (as opposed to **Malignant**): A mild and non-progressive form of a disease.
- **Chronic** (as opposed to **Acute**): A continuing illness that may or may not improve over time. Chronic illnesses can last from weeks to years. Examples include heart failure, COPD, leukemia, and many of the psychiatric illnesses such as depression and schizophrenia.
- **Congenital**: A condition that existed at birth. This condition may be inherited or may have developed in the womb. Although the condition existed at birth it may not be discovered until later in life.
- **Diagnosed**: A licensed physician or medical professional has identified a specific disease or medical condition.
- **Malignant** (as opposed to **Benign**): A severe and progressively worsening form of a disease.
- **Medicated**: A drug prescribed by a licensed physician or other licensed medical professional has been taken for the treatment of a medical (including mental) condition.
- **Monitored**: A licensed medical professional has assessed the state of an existing or previously diagnosed disease or condition, possibly including diagnostic tests or imaging. A specific condition must first be diagnosed to be monitored. Monitoring does not include routine preventive screenings that are recommended for the general population in the absence of disease such as annual mammograms for women.
- **Physical Trauma**: An injury to any tissue by physical or chemical means. This may include abrasions, lacerations, incisions, or stab, puncture, or bullet wounds. When trauma occurs to the bone, this can result in fractures, dislocations, or sprains. Trauma can also be the result of exposure to toxic chemicals, high heat, irradiation, or electrical shock causing damage to tissues and organs.
- **Treated**: A licensed physician or other licensed medical professional has recommended a course of action or performed services to remedy a disease. For example, having surgery and having a diet and exercise program developed by a physician are both forms of treatment.

Section A. Certain High-Scoring Medical Conditions

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the last 5 years? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) within the last 5 years.*
- No *If NO, complete Sections B through L.*

Section A. Certain High-Scoring Medical Conditions:		
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had) in the last 5 years
1	AIDS	<input type="radio"/>
2	HIV sero-positive without AIDS	<input type="radio"/>
3	Amyotrophic lateral sclerosis (Lou Gehrig's disease)	<input type="radio"/>
4	Autism - Severe: minimal and inappropriate interaction with others, repetitive or restrictive behaviors (hand flapping, head rolling, self injury), limited or no speech, frequently requiring placement into a special education setting	<input type="radio"/>
5	Bilateral (left and right) leg amputation	<input type="radio"/>
6	Biliary atresia (congenital blockage of bile duct)	<input type="radio"/>
7	Brain or spinal cord abscess	<input type="radio"/>
8	Brain injury resulting in a deep or prolonged coma	<input type="radio"/>
9	Central nervous system (brain or spinal cord) malformation prior to birth (prenatal in origin)	<input type="radio"/>
10	Cerebral palsy	<input type="radio"/>
11	Cervical spina bifida	<input type="radio"/>
12	Cirrhosis of the liver	<input type="radio"/>
13	Cretinism	<input type="radio"/>
14	Cystic fibrosis	<input type="radio"/>
15	Fetal damage resulting from medication or substance usage (example: fetal alcohol syndrome)	<input type="radio"/>
16	Fragile X syndrome	<input type="radio"/>
17	Hemophilia	<input type="radio"/>
18	Huntington's Chorea	<input type="radio"/>
19	Inflammatory bowel disease (e.g. Crohn's disease, ulcerative colitis)	<input type="radio"/>
20	Leukemia	<input type="radio"/>
21	Lymphoma (examples: Hodgkin's disease, multiple myeloma, non-Hodgkin's lymphoma, reticulosarcoma)	<input type="radio"/>
22	MRSA (methicillin resistant staph) infection of internal organs other than the lungs	<input type="radio"/>

TABLE CONTINUED ON NEXT PAGE

Section A. Certain High-Scoring Medical Conditions:		
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had) in the last 5 years
23	Mucopolysaccharidoses (example: Hunter's syndrome)	<input type="radio"/>
24	Multiple sclerosis	<input type="radio"/>
25	Muscular Dystrophies (examples: Duchenne, Pompe)	<input type="radio"/>
26	Myelodysplastic syndromes (examples: pancytopenia, aplastic anemia)	<input type="radio"/>
27	Necrotizing fasciitis (example: flesh eating bacterial infection)	<input type="radio"/>
28	Nephrotic syndrome	<input type="radio"/>
29	Organ transplant except cornea	<input type="radio"/>
30	Peritonitis (example: inflammation or infection of intestinal lining)	<input type="radio"/>
31	Pulmonary heart disease	<input type="radio"/>
32	Rheumatic heart disease – with complications (heart valve damage, anemia)	<input type="radio"/>
33	Severe Burns on more than 50% of one's body	<input type="radio"/>
34	Spinal trauma with surgery completed or recommended in the future or with paralysis (examples: fracture of the lumbar vertebrae, closed fracture of dorsal vertebra)	<input type="radio"/>
35	Subdural hematoma (blood clot on the brain) – with complications (loss of speech, sight, memory; paralysis)	<input type="radio"/>
36	Wegener's granulomatosis	<input type="radio"/>

- If you answered YES to Section A, you may choose to answer each Section B through L, or you may skip to Part 3.
- If you answered NO to Section A, complete Sections B through L.

Section B. Cancer or Benign Tumors

Cancer (malignancy) develops when cells in a part of the body begin to grow out of control. Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells. Sometimes these cells form tumors, which are abnormal growths of body tissues. Not all tumors are cancerous. **Benign tumors can also be referred to as cysts, polyps, or dysplasia.**

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section B. Cancer or Benign Tumor(s):			
For which conditions have you been diagnosed, treated, medicated, and/or monitored? <i>For cancer, mark all sites including secondary cancers (metastasis).</i>		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
37	Adrenal – cancer		<input type="radio"/>
38	Bone and connective tissue – cancer (examples: bone metastases, gastrointestinal stromal tumors, leg sarcoma)		<input type="radio"/>
39	Bone and connective tissue – benign tumor (example: foot cyst)	<input type="radio"/>	
40	Breast – cancer with chemotherapy or radiation therapy completed or recommended in the future (examples: ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS))		<input type="radio"/>
41	Breast – cancer without chemotherapy or radiation therapy completed or recommended		<input type="radio"/>
42	Breast – benign tumor (examples: breast calcium deposits, breast duct papilloma, breast fibrocystic disease, breast fibroids, gynecomastia)	<input type="radio"/>	
43	Central nervous system – cancer, primary (examples: brain cancer, spinal cord cancer)		<input type="radio"/>
44	Central nervous system – cancer metastases (secondary cancer)		<input type="radio"/>
45	Central nervous system – benign tumor (examples: acoustic neuroma, benign meningioma, pineal gland cyst)		<input type="radio"/>
46	Ear/nose/throat/mouth – cancer (examples: cancer of the mouth, larynx cancer, pharynx cancer)		<input type="radio"/>
47	Ear/nose/throat/mouth – benign tumor (example: nasal polyp)	<input type="radio"/>	
48	Eye, external – cancer (examples: canthus cancer, carcinoma of the eyelid)	<input type="radio"/>	
49	Eye, external – benign tumor	<input type="radio"/>	
50	Eye, internal – cancer		<input type="radio"/>
51	Female reproductive system (uterus, cervix, or ovaries) – cancer with chemotherapy or radiation therapy completed or recommended in the future		<input type="radio"/>
52	Female reproductive system (uterus, cervix, or ovaries) – cancer without chemotherapy or radiation therapy completed or recommended		<input type="radio"/>
53	Female reproductive system (uterus, cervix, or ovaries) – benign tumor (examples: cervical dysplasia, endometrial hyperplasia, uterine fibroid)	<input type="radio"/>	
54	Genitourinary – cancer except prostate with chemotherapy or radiation therapy completed or recommended in the future (examples: bladder cancer, kidney cancer, renal carcinoma, testicular cancer)		<input type="radio"/>

Section B. Cancer or Benign Tumor(s):			
For which conditions have you been diagnosed, treated, medicated, and/or monitored? For cancer, mark all sites including secondary cancers (metastasis).	Fill in the circle for each condition you have (or had)		
	In the last 12 months?	In the last 5 years?	

TABLE CONTINUED ON NEXT PAGE

55	Genitourinary – cancer except prostate without chemotherapy or radiation therapy completed or recommended		<input type="radio"/>
56	Intestinal or rectal cancer – cancer (examples: carcinoid tumor, colon cancer)		<input type="radio"/>
57	Liver – cancer including liver metastases		<input type="radio"/>
58	Pancreas – cancer		<input type="radio"/>
59	Peripheral nerve – cancer (example: neurofibromatosis)		<input type="radio"/>
60	Pituitary gland – cancer		<input type="radio"/>
61	Pituitary gland – benign tumor with acromegaly (gigantism), pituitary dwarfism, or diabetes insipidus		<input type="radio"/>
62	Pituitary gland – other benign tumors (examples: high prolactin levels, hyperprolactinemia, prolactinoma)		<input type="radio"/>
63	Prostate – cancer with chemotherapy or radiation therapy completed or recommended in the future		<input type="radio"/>
64	Prostate – cancer without chemotherapy or radiation therapy completed or recommended		<input type="radio"/>
65	Prostate – benign tumor (example: benign prostatic hypertrophy and/or hyperplasia (BPH))		<input type="radio"/>
66	Pulmonary system – cancer (examples: lung and bronchial cancer, lung metastases)		<input type="radio"/>
67	Pulmonary system – benign tumor (example: lung cyst)		<input type="radio"/>
68	Skin – cancer with chemotherapy or radiation therapy completed or recommended in the future (example: melanoma)		<input type="radio"/>
69	Skin – cancer without chemotherapy or radiation therapy completed or recommended		<input type="radio"/>
70	Stomach and esophageal – cancer		<input type="radio"/>
71	Thyroid and parathyroid – cancer		<input type="radio"/>
72	Other benign tumors (examples: abdomen, adrenal gland, anus, back cyst, basal cell growth, colon polyp, cystadenoma of the pancreas, esophagus, eye-internal, fatty tumor, genitourinary system, hyperplastic polyp, intestines, perianal cyst, parotid gland, pseudopapillary tumor of the pancreas, rectum, rectal cyst, seborrheic keratosis, skin, Zollinger-Ellison syndrome)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section C. Circulatory, Blood or Heart Conditions

Our vascular system is made up of blood vessels, which are part of our circulatory or cardiovascular system that works with the beating heart. With each beat, the heart pumps blood into the vessels and throughout the body, providing nutrients and oxygen to cells. The circulating blood removes waste products, toxins and other harmful substances. Our circulatory system is critical to many body functions, especially our respiratory or lung function, digestion, waste removal and body temperature. Medical conditions can occur when these systems are not working properly.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section C. Circulatory, Blood or Heart Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
73	Agranulocytosis (examples: leukocytopenia, neutropenia)		<input type="radio"/>
74	Anemia of chronic diseases (anemia with a chronic disease such as diabetes or kidney failure) (mark chronic disease as well)		<input type="radio"/>
75	Anemia – iron deficiency	<input type="radio"/>	
76	Anemia – sickle-cell		<input type="radio"/>
77	Aortic aneurysm (balloon-like weakened area) (example: stomach aortic aneurysm)		<input type="radio"/>
78	Arterial aneurysm, except aorta (example: subclavian arterial aneurysm)	<input type="radio"/>	
79	Arterial diseases – non-inflammatory (examples: abnormal connections between arteries and veins, abnormal narrowing of the arteries, fistulas, hereditary hemorrhagic telangiectasia, renal hyperplasia)	<input type="radio"/>	
80	Atherosclerosis (hardening of the arteries due to a build up of plaques)		<input type="radio"/>
81	Atrial fibrillation and flutter – with surgery completed or recommended in the future		<input type="radio"/>
82	Atrial fibrillation and flutter – without surgery completed or recommended		<input type="radio"/>
83	Cardiac – congenital disorders (examples: congenital heart block, congenital insufficiency of aortic valve, Ebstein’s anomaly, ostium secundum type atrial septal defect, pulmonary stenosis, ventricular septal defect)		<input type="radio"/>
84	Cardiac – infection (examples: endocarditis, myocarditis, pericarditis)	<input type="radio"/>	
85	Cardiomyopathy		<input type="radio"/>
86	Conduction disorders – severe ventricular rhythms (examples: Long QT syndrome, ventricular fibrillation)		<input type="radio"/>
87	Conduction disorders – mild including severe heart block (examples: abnormal heartbeat – fast, slow or irregular heart rhythm, arrhythmia, atrioventricular (AV) block, bundle branch block, dysrhythmia, tachycardia, sick sinus syndrome)		<input type="radio"/>
88	Congestive heart failure		<input type="radio"/>

TABLE CONTINUED ON NEXT PAGE

Section C. Circulatory, Blood or Heart Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
89	Embolism (any substance that stops the flow of blood) or thrombosis (blood clot) of veins (examples: blood clots in the veins, deep vein thrombosis, venous stasis ulcers)	<input type="radio"/>	
90	Embolism – pulmonary	<input type="radio"/>	
91	Hematological diseases (examples: lymphadenitis, pernicious or other anemias, thalassemia)	<input type="radio"/>	
92	Hepatitis A or B (including viral hepatitis)		<input type="radio"/>
93	Hepatitis C		<input type="radio"/>
94	High blood pressure (hypertension) – benign		<input type="radio"/>
95	High blood pressure (hypertension) – malignant (hypertension resulting in damage to a major organs like the kidneys or eye) – with complications including kidney failure or congestive heart disease (mark complications as well)		<input type="radio"/>
96	High blood pressure (hypertension) – malignant (hypertension resulting in damage to a major organs like the kidneys or eye) – without complications		<input type="radio"/>
97	High cholesterol (examples: hyperlipidemia, hyperglyceridemia)		<input type="radio"/>
98	Ischemic heart disease – with angioplasty (balloon and/or stent), cardiac catheterization, or valve surgery (coronary artery bypass surgery or CABG) completed or recommended in the future (examples: angina, coronary artery disease , coronary atherosclerosis, heart attack , myocardial infarction, pectoris, ventricular hypertrophy)		<input type="radio"/>
99	Ischemic heart disease – without surgery completed or recommended		<input type="radio"/>
100	Lipidoses – unable to process fats (examples: Fabry's disease, Gaucher's disease, Krabbe disease, Mucopolipidosis I-III, Niemann-Pick disease, Refsum's disease, Tay-Sachs disease, Wolman's disease)		<input type="radio"/>
101	Lymphatic channels disorders (example: noninfectious lymphedema)	<input type="radio"/>	
102	Thrombocytopenia (abnormally low platelets in blood)		<input type="radio"/>
103	Valvular disorder (examples: aortic valve disorders, mitral valve disorders)		<input type="radio"/>
104	Other circulatory conditions (examples: arteriovenous malformation, arteritis, inflammation of the veins, palpitations, phlebitis, Raynaud's syndrome, thrombophlebitis, varicocele, varicose veins, vasculitis, ventricular hypertrophy without ischemic heart disease)	<input type="radio"/>	
105	Other hematological conditions (examples: elevated white blood cell count not associated with infection, elevated red blood cell count, polycythemia vera)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section D. Digestive Conditions

When you eat, your body breaks food down to a form it can use to build and nourish cells and provide energy. This process is called digestion. Your digestive system is a series of hollow organs joined in a long, twisting tube. It runs from your mouth to your anus and includes your esophagus, stomach, and small and large intestines. Your liver, gallbladder and pancreas are also involved. They produce juices to help digestion. There are many types of digestive disorders and conditions. The symptoms vary widely depending on the problem.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section D. Digestive Conditions:			
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
106	Bowel obstruction/blockage (example: colonic volvulus)	<input type="radio"/>	
107	Diverticulitis (inflammation/infection of the colon)	<input type="radio"/>	
108	Esophagus – inflammation (examples: acid reflux disease, Barrett’s esophagus, gastroesophageal reflux disease, GERD)	<input type="radio"/>	
109	Gall stones (cholelithiasis)	<input type="radio"/>	
110	Gastritis (inflammation/infection of the stomach) and/or duodenitis (small intestine)	<input type="radio"/>	
111	Hemorrhoids – with surgery completed or recommended in the future	<input type="radio"/>	
112	Hernia, hiatal	<input type="radio"/>	
113	Hernia, inguinal, ventral, or umbilical	<input type="radio"/>	
114	Hernia, other – without surgery completed or recommended (example: incisional hernia)	<input type="radio"/>	
115	Intestines and abdomen – congenital anomalies (examples: congenital obstructions and occlusions, Hirschsprung’s disease, Meckel’s diverticulum, prune belly syndrome)		<input type="radio"/>
116	Intestines and abdomen – inflammation (examples: mesenteric adenitis, peritoneal abscess)		<input type="radio"/>
117	Intestines and abdomen – trauma (examples: foreign body in intestine and colon, physical trauma)	<input type="radio"/>	
118	Intestines and abdomen – vascular diseases (examples: intestinal ischemia, mesenteric infarction, reduced blood supply to the intestines)	<input type="radio"/>	
119	Irritable Bowel syndrome (IBS)	<input type="radio"/>	
120	Pancreatitis (inflammation/infection of the pancreas) – acute	<input type="radio"/>	
121	Pancreatitis (inflammation/infection of the pancreas) – chronic or ongoing		<input type="radio"/>
122	Rectum or anus infection – with surgery completed or recommended in the future (examples: abscess or ulcer)	<input type="radio"/>	
123	Rectum or anus infection – without surgery completed or recommended	<input type="radio"/>	

Section D. Digestive Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?	<i>Fill in the circle for each condition you have (or had)</i>	
	<i>In the last 12 months?</i>	<i>In the last 5 years?</i>

TABLE CONTINUED ON NEXT PAGE

124	Rectum or anus inflammation – with surgery completed or recommended in the future (examples: anal fistula, rectal prolapse)		<input type="radio"/>
125	Stomach or esophagus – anomaly (examples: congenital hernia, gastroparesis)	<input type="radio"/>	
126	Stomach ulcer (example: peptic ulcer)	<input type="radio"/>	
127	Other gastroenterological conditions (examples: abdominal pain, diarrheal infection if treated by a physician, hemorrhoids without surgery completed or recommended, other hernia with surgery completed or recommended, rectum or anus inflammation without surgery completed or recommended)	<input type="radio"/>	
128	Other hepatic and biliary conditions (examples: fatty liver disease, jaundice not of newborn, Non-Alcoholic Steatohepatitis (NASH), splenomegaly - enlarged spleen, toxic or non-infectious hepatitis)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section E. Endocrine, Lymphatic or Metabolic Conditions

The foundations of the endocrine system are the hormones and glands. As the body's chemical messengers, hormones transfer information and instructions from one set of cells to another. Too much or too little of any hormone can be harmful to your body. The lymphatic system clears away infection and keeps your body fluids in balance. Lymph vessels, which are different from blood vessels, carry fluid called lymph throughout your body. If your lymphatic system is not working properly, fluid builds in your tissues and causes swelling. Other lymphatic system problems can include infections, blockage, and cancer. Metabolism is the process your body uses to get or make energy from the food you eat. Chemicals in your digestive system break the food parts down into sugars and acids, your body's fuel. A metabolic disorder occurs when abnormal chemical reactions in your body disrupt this process.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section E. Endocrine, Lymphatic or Metabolic Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		<i>Fill in the circle for each condition you have (or had)</i>	
		<i>In the last 12 months?</i>	<i>In the last 5 years?</i>
129	Adrenal gland hyper-functioning (examples: adrenogenital disorders, Bartter's syndrome, Cushing's syndrome)		<input type="radio"/>
130	Diabetes Type II – with other health conditions (renal/kidney, neurological/nerves, eye including the retina, cardiac, hypertension) (mark other conditions separately)		<input type="radio"/>
131	Diabetes Type II – without other health conditions		<input type="radio"/>
132	Diabetes Type I – with other health conditions (renal/kidney, neurological/nerves, eye including the retina, cardiac, hypertension) (mark other conditions separately)		<input type="radio"/>
133	Diabetes Type I – without other health conditions		<input type="radio"/>
134	Nutritional deficiency (examples: malnutrition, Rickets, vitamin deficiencies)	<input type="radio"/>	
135	Thyroid gland conditions (examples: hypo- or hyper-functioning thyroid, congenital hypothyroidism)		<input type="radio"/>
136	Other diseases of endocrine glands (examples: carcinoid syndrome, congenital anomalies of other endocrine glands, precocious sexual development and puberty, Waldenström's macroglobulinemia)	<input type="radio"/>	
137	Other endocrinological conditions (examples: goiter, gout, hyper- or hypo-functioning parathyroid, hypogonadism)	<input type="radio"/>	
138	Other metabolic disorders (examples: cystinosis, disorders of iron metabolism, metabolic syndrome X, hypercalcemia, hyperkalemia, hyperpotassemia, hyponatremia, hypopotassemia, hyposmolality, monoclonal gammopathy, phenylketonuria (PKU), porphyria, xanthogranuloma)		<input type="radio"/>

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section F. Muscle, Skeletal or Skin Conditions

Musculoskeletal conditions comprise over one hundred diseases and syndromes, which are usually progressive, associated with pain, and involve your muscles, joints and bones. The largest organ in the body, the skin, is the first line of defense against dirt, germs and other foreign objects. Most skin disorders display symptoms on the surface of the skin.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section F. Muscle, Skeletal or Skin Conditions:			
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
139	Arthritis – adult rheumatoid		<input type="radio"/>
140	Arthritis – juvenile rheumatoid (under 17 years of age)		<input type="radio"/>
141	Autoimmune rheumatologic diseases except lupus and psoriasis (examples: ankylosing spondylitis, polymyositis, scleroderma, sicca syndrome, Sjörger’s syndrome)		<input type="radio"/>
142	Lupus		<input type="radio"/>
143	Psoriasis with arthritis		<input type="radio"/>
144	Bone and joint infection (example: osteomyelitis)	<input type="radio"/>	
145	Bursitis and tendonitis (not resulting in a loss of mobility)	<input type="radio"/>	
146	Joint and other soft tissue (tendons, muscles, cartilage, ligaments) – inflammation major (examples: costochondritis, fibromyalgia, inflammatory arthritis, lateral epicondylitis, myositis, osteochondritis dissecans, reflex neuromuscular dystrophy, tennis elbow)		<input type="radio"/>
147	Joint degeneration with surgery completed or recommended in the future (examples: ankylosis, degeneration of lumbar disc, degenerative arthritis, herniated disc, Osgood-Schlatter disease, osteoarthritis, osteochondropathy, pars defect, Perthes disease, sciatica, spinal stenosis, spondylosis)		<input type="radio"/>
148	Joint degeneration without surgery completed or recommended		<input type="radio"/>
149	Joint derangement (examples: chondromalacia, knee cartilage tears, dislocated joints, non-traumatic tendon ruptures, palindromic arthritis, torn meniscus)	<input type="radio"/>	
150	Orthopedic deformity (examples: Beal’s syndrome, bunions, club foot, Crouzon’s syndrome, Ehlers-Danlos syndrome, flat foot, ganglion, hammer toe, hip dysplasia, Marfan’s syndrome, metatarsus varus, polydactyly, scoliosis, syndactyly, hip abscess)		<input type="radio"/>
151	Osteoporosis		<input type="radio"/>
152	Skin ulcers – chronic		<input type="radio"/>
153	Other orthopedic conditions (examples: lumbago, Profichet’s disease, trigger finger, turf toe)	<input type="radio"/>	

TABLE CONTINUED ON NEXT PAGE

Section F. Muscle, Skeletal or Skin Conditions:			
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
154	Other skin conditions if treated by a physician (examples: acne, allergic skin reactions, boils, cellulitis, contact dermatitis, dermatomyositis, eczema, fasciitis pemphigus, fungal infections, morphea, pilonidal cyst, psoriasis without arthritis, rashes, rosacea, sebaceous cyst, skin abscesses, viral warts, vitiligo) – NOT MRSA or necrotizing fasciitis	<input type="radio"/>	
155	Other trauma (examples: ACL tears, amputations except bilateral leg, broken bones, burns including chemical burns covering less than 50% of the body, open wounds if treated by a physician, ruptured spleen, sprains, traumatic tendon ruptures, whiplash)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section G. Non-Psychiatric Conditions of the Nervous System

The nervous system is a complex, sophisticated system that regulates and coordinates body activities. Disorders of the nervous system may include the following: vascular disorders (such as stroke), infections (such as meningitis), structural disorders (such as brain or spinal cord injury), functional disorders (such as headache, epilepsy) and degeneration (such as Parkinson's disease, multiple sclerosis and Alzheimer's disease) are all examples of these disorders or conditions.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section G. Non-Psychiatric Conditions of the Nervous System:			
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
156	Brain trauma (examples: concussion, subdural hemorrhage without complications)	<input type="radio"/>	
157	Central nervous system – congenital disorders (examples: encephalopathy, essential tremor, Joubert syndrome, microcephaly) NOT Alzheimer's disease, ALS, or Parkinson's disease		<input type="radio"/>
158	Central nervous system – hereditary and degenerative diseases (examples: extrapyramidal disease and abnormal movement disorder, monomelic amyotrophy, myoclonus, obstructive hydrocephalus, spinal amyotrophy, syringomyelia, visceral myopathy)		<input type="radio"/>
159	Central nervous system – inflammation (examples: demyelinating disease of central nervous system, idiopathic peripheral autonomic neuropathy, paralytic strabismus, pseudotumor cerebri, vertigo of central origin)		<input type="radio"/>
160	Cerebral vascular accident (examples: brain bleed, cerebral atherosclerosis, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL), moyamoya disease, stroke , transient cerebral ischemia, transient ischemic attack (TIA), transient global amnesia)		<input type="radio"/>
161	Epilepsy		<input type="radio"/>
162	Meningitis (inflammation/infection of the lining of the brain and spinal cord)	<input type="radio"/>	
163	Migraine headache	<input type="radio"/>	
164	Nerves – carpal tunnel syndrome	<input type="radio"/>	
165	Nerves – traumatic disorders	<input type="radio"/>	
166	Nerves, cranial inflammation (affecting the head, face, eyes, tongue and/or throat including speech) (examples: atypical face pain, Bell's palsy, trigeminal neuralgia)	<input type="radio"/>	
167	Nerves, non-cranial inflammation – except carpal tunnel (examples: brachial plexus lesion, causalgia, Guillain Barre syndrome, meralgia paresthetica, myasthenia gravis, nerve lesions, neuralgia, neuralgic amyotrophy, neuritis, radiculitis, root lesions)	<input type="radio"/>	
168	Nerves, peripheral – congenital disorders (examples: idiopathic peripheral neuropathy, idiopathic progressive polyneuropathy)		<input type="radio"/>
169	Parkinson's disease		<input type="radio"/>

Section G. Non-Psychiatric Conditions of the Nervous System:			
For which conditions have you been diagnosed, treated, medicated, and/or monitored?	Fill in the circle for each condition you have (or had)		
	In the last 12 months?	In the last 5 years?	

TABLE CONTINUED ON NEXT PAGE

170	Spinal trauma without paralysis or surgery completed or recommended (example: dislocated vertebrae)	<input type="radio"/>	
171	Other neurological conditions (examples: Alzheimer's disease, convulsions, dementia, isolated seizure, myelitis)		<input type="radio"/>
172	Other neurological diseases (examples: encephalitis, idiopathic hypersomnia, insomnia, narcolepsy, reaction to spinal or lumbar puncture, restless leg syndrome, verbal apraxia)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section H. Psychiatric (Mental Health) Conditions

Mental illness is any disease or condition affecting the brain that influences the way a person thinks, feels, behaves and/or relates to others and to his or her surroundings. Although the symptoms of mental illness can vary from mild to severe and are different depending on the type of mental illness, a person with an untreated mental illness often is unable to cope with life's daily routines and demands.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section H. Psychiatric (Mental Health) Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
173	Mood disorder - bipolar (example: cyclothymic disorder)		<input type="radio"/>
174	Mood disorder - depression (example: dysthymia)		<input type="radio"/>
175	Opioid or barbiturate dependence (examples: heroin, codeine, morphine, oxycodone dependence)		<input type="radio"/>
176	Psychotic and schizophrenic disorders (examples: hebephrenia, paranoia)		<input type="radio"/>
177	Other mental health conditions (examples: adjustment disorders, anxiety disorders, Asperger's syndrome, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), eating disorders, erectile dysfunction if mental, mild autism, panic disorders, phobias, post traumatic stress disorder, seasonal affective disorder)		<input type="radio"/>
178	Other substance abuse conditions (examples: acute alcohol intoxication requiring medical attention, alcoholism, amphetamine dependence, cannabis dependence, cocaine dependence)		<input type="radio"/>

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section I. Respiratory Conditions

The respiratory system consists of the airways, the lungs, and the respiratory muscles that control the movement of air in and out of the body. Within the lungs, molecules of oxygen and carbon dioxide are exchanged between the air we breathe and the blood. Respiratory disease includes problems that obstruct or restrict breathing and include breathing problems from infection, the environment, or other diseases.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section I. Respiratory Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
179	Acute respiratory distress syndrome	<input type="radio"/>	
180	Asthma (example: reactive airway disease)		<input type="radio"/>
181	Chronic obstructive pulmonary disease (examples: emphysema, obstructive chronic bronchitis)		<input type="radio"/>
182	Occupational and environmental pulmonary diseases (examples: asbestosis, black lung disease, bronchitis due to fumes and vapors, silicosis)		<input type="radio"/>
183	Pneumonia – fungal (example: aspergillosis)	<input type="radio"/>	
184	Other inflammatory lung diseases (examples: post inflammatory pulmonary fibrosis, sarcoidosis)		<input type="radio"/>
185	Other pulmonary conditions (examples: acute bronchitis, bacterial or viral pneumonia, congenital pulmonary conditions, flu if treated by a physician)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section J. Urinary, Genital, and Reproductive Conditions

Urinary conditions are comprised of problems with how the kidneys, ureters, bladder, and urethra function. The female reproductive system is made up of the vagina, womb (uterus), fallopian tubes and ovaries. The male reproductive system is made up of the penis, the testicles, the epididymis, the vas deferens and the prostate gland.

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section J. Urinary, Genital, and Reproductive Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
186	Endometriosis		<input type="radio"/>
187	Female genital system diseases (example: dyspareunia)	<input type="radio"/>	
188	Female sex gland disorders (examples: ovarian failure, polycystic ovaries)		<input type="radio"/>
189	Genitourinary system – inflammation including torsion of the testes (examples: hydrocele, spermatocele)	<input type="radio"/>	
190	Interstitial cystitis – chronic (examples: Hunner's ulcer, persistent inflammation of the bladder)	<input type="radio"/>	
191	Kidney infection	<input type="radio"/>	
192	Kidney or bladder stones	<input type="radio"/>	
193	Renal conditions (example: polycystic kidney)	<input type="radio"/>	
194	Renal failure – acute	<input type="radio"/>	
195	Renal failure – chronic		<input type="radio"/>
196	Renal inflammation – acute (example: IgA nephropathy)	<input type="radio"/>	
197	Renal inflammation – chronic (example: glomerulonephritis)		<input type="radio"/>
198	Other gynecologic conditions (examples: Bartholin's gland conditions, dysmenorrhea, hematometra, menopausal conditions, metrorrhagia, problems with menstruation, vaginal infection including yeast infections, vaginitis)	<input type="radio"/>	
199	Other nephritic conditions (examples: excess protein in urine, lesions in the kidneys)	<input type="radio"/>	
200	Other urologic conditions (examples: bladder infection, blood in the urine, epididymitis, erectile dysfunction if physical, hematoma of the kidney, gonorrhea, orchitis, prostatitis, sexually transmitted diseases infecting the genitals, trauma to the genitourinary system, urinary tract infection)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section K. Other Conditions

Have you been diagnosed, treated, medicated, and/or monitored for any of the conditions listed in the table below within the time frame specified? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, fill in the circle next to the condition you have (or had) only if the applicable time frame applies to you.*
- No *If NO, continue on to the next section.*

Section K. Other Conditions:			
For which conditions have you been diagnosed, treated, medicated, and/or monitored?		Fill in the circle for each condition you have (or had)	
		In the last 12 months?	In the last 5 years?
201	Adverse environmental exposures (examples: angioedema, food allergies, heat stroke, electrocution – mark any burns from the electrocution separately)	<input type="radio"/>	
202	Chromosomal anomalies (examples: autosomal deletions, Cri du Chat syndrome, Down's syndrome, Edwards' syndrome, Klinefelter's syndrome, Patau's syndrome, Prader-Willi syndrome, Turner's syndrome, Velo Cardio Facial syndrome (VCFS)) NOT Fragile X syndrome		<input type="radio"/>
203	Eye – cataract		<input type="radio"/>
204	Eye – internal infection (examples: chorioretinitis, endophthalmitis, pars planitis, viral infections of the inner eye, vitreous abscess)	<input type="radio"/>	
205	Eye – glaucoma or other intra-ocular hypertension		<input type="radio"/>
206	Eye – macular degeneration		<input type="radio"/>
207	Eye – retinopathy (example: diabetic retinopathy)		<input type="radio"/>
208	Immunodeficiencies – deficiency of humoral immunity (examples: common variable immunodeficiency, hypogammaglobulinemia)		<input type="radio"/>
209	Immunodeficiencies – other (example: Wiskott-Aldrich syndrome)		<input type="radio"/>
210	Mental retardation		<input type="radio"/>
211	Poisonings and toxic effects of drugs (examples: all drug reactions, venomous bites)	<input type="radio"/>	
212	Septicemia with septic shock	<input type="radio"/>	
213	Sexually transmitted diseases disseminated to other parts of the body (examples: chlamydia outside the genitals, Reiter's disease)	<input type="radio"/>	
214	Sinusitis – chronic (examples: more than 3 sinus infections in past 12 months, allergic sinus reactions, hay fever, chronic rhinitis)		<input type="radio"/>
215	Tuberculosis – pulmonary	<input type="radio"/>	
216	Tuberculosis – disseminated (tuberculosis spread to other organs beyond the lungs)		<input type="radio"/>
217	Other ear, nose, and throat conditions (examples: acute sinusitis, cochlear implants, ear infections, hearing disorders, hearing loss, nasal congestion if treated by a physician, sleep apnea, sore throat if treated by a physician, tinnitus, tonsillitis)	<input type="radio"/>	

TABLE CONTINUED ON NEXT PAGE

Section K. Other Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored?		<i>Fill in the circle for each condition you have (or had)</i>	
		<i>In the last 12 months?</i>	<i>In the last 5 years?</i>
218	Other eye conditions except minor vision problems (nearsightedness, farsightedness) (examples: blepharitis, chalazion, conjunctivitis, drooping eyelids, eye wandering, injury to the cornea, lazy eye, macular edema, meibomitis, optic neuritis, pink eye, retinal tear, strabismus, stye)	<input type="radio"/>	
219	Other infectious diseases (examples: anthrax, chicken pox, cold sores, dengue fever, E. Coli infection, gangrene, herpes simplex, infectious mononucleosis, lyme disease, malaria, MRSA infecting the skin or lungs, parasitic infection, pertussis, rabies, septicemia without septic shock, shingles, small pox, staph infection, tetanus, viral infections, West Nile virus, Whipple's disease, whooping cough)	<input type="radio"/>	
220	Other neonatal conditions (examples: jaundice in newborns, croup)	<input type="radio"/>	

WHEN YOU ARE DONE WITH THIS TABLE GO TO THE NEXT PAGE

Section L. Write-in Conditions

Have you been diagnosed, treated, medicated, and/or monitored for other medical conditions in the last 5 years not listed in any previous Sections? *Only answer YES if a doctor or other licensed medical provider told you that you have or had this condition.*

- Yes *If YES, in the table provided below indicate which conditions and fill in the circle(s) for each applicable time frame that applies to you.*
- No *If NO, continue on to Part 3.*

Section L. Write-In Conditions:

For which conditions have you been diagnosed, treated, medicated, and/or monitored? *List the name of the condition, not the procedure or drug used to treat the condition. For example list the cause of knee replacement not the knee replacement itself.*

Fill in the circle for each condition you have (or had)

*In the **last 12 months?***

*In the **last 5 years?***

	<i>In the last 12 months?</i>	<i>In the last 5 years?</i>
	<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"/>
	<input type="radio"/>	<input type="radio"/>

The scoring for certain write-in conditions can be viewed on WSHIP’s website, under the link “Guide to Marking Medical Conditions on the Standard Health Questionnaire”: www.wship.org

Note that certain rare conditions, even if not specifically listed in this document, may result in a score above the denial threshold. For these conditions to be scored above the threshold 1) it must be verified that the condition is rare by viewing the National Institute of Health’s list of rare conditions at <http://rarediseases.info.nih.gov/RareDiseaseList.aspx>; and 2) the average annual health care cost of treating the condition must be shown to have an average annual cost above the threshold (8% most costly) set by statute. If further information is needed, please contact a carrier or agent.

The following conditions and information are not scored and do not need to be included:

- Any condition for which you have not sought licensed medical advice
- Coughs
- Dental conditions treated by a dentist
- Fevers
- General malaise or fatigue
- Information about your family history or any experience with genetic testing, genetic counseling, or other genetic services that are not related to diseases you have currently
- Minor joint pain treated with over the counter (OTC) medications and that have not been diagnosed by a specialist; this may be called arthritis but no determination of which kind of arthritis has been made
- Nearsightedness or farsightedness
- Pregnancy or pregnancy related conditions (gestational diabetes, varicose veins in pregnancy)
- Preventive or routine screenings without abnormal results

PART 3. SIGNATURE AND SCORING PAGE

Signature – Adult applicants must sign this form below. Parent or guardian signature is required for applicants under the age of 18. **By signing this form, you certify the following:**

1. **All of the information I have given is true and complete.**
2. I understand that if I leave an answer blank to an individual condition it is the same as a “No” answer.
3. If I answered “No” to Section A, I have completed all remaining Sections, B through L of Part 2, and indicated “Yes” or “No” at the top of each Section, B through L.
4. I understand that if I omit or give false information I may lose my coverage, in which case I may have to pay for services paid under that coverage.
5. **I understand that if I intentionally give false information, in addition to losing my coverage, I may incur additional legal liability.**

If you do not sign and date this questionnaire below, it will be returned to you and your application will be delayed. Your signed questionnaire will be valid for a 90-day period from the date you sign it. If you wait more than 90 days to submit your application, you will have to complete a new questionnaire. To be complete, the Exemptions list on pages 2 & 3 and Parts 2 and 3 of your questionnaire must have been filled out.

Please print name, then sign and date in the space provided.

First Name	M.I.	Last Name

Signature	Date Signed

If you are signing on behalf of an underage child, check: **Parent** **Legal Guardian**

THANK YOU FOR COMPLETING THE STANDARD HEALTH QUESTIONNAIRE

This questionnaire is updated periodically. In an effort to continually improve the questionnaire, we have included a brief survey on our website. If you would like to provide feedback on your experience filling out this questionnaire, please go to the following web address: www.wship.org/SHQsurvey. This brief survey is optional and has no effect on your score.

FOR HEALTH CARRIER USE ONLY. DO NOT MARK THIS SECTION.

Name of health carrier					
Date Reviewed		Reviewer ID		Member SSN (optional)	
<u>Condition #</u>	<u>Score</u>	<u>Condition #</u>	<u>Score</u>	<u>Condition #</u>	<u>Score</u>
1.				9.	
2.				10.	
3.				11.	
4.				12.	
Total Score			<input type="radio"/> Applicant Accepted <input type="radio"/> Applicant Denied		