

PATIENT'S APPEARANCE: *middle age woman, you*

A PERSONAL DATA

- A1 First and last name
- A2 Patient's age
- A3 Domicile
- A4 Occupation
- A5 Family status

B FAMILY HISTORY 1

- B1 Father: age/year of death
- B2 Health condition/reason of death
- B3 Mother: age/death
- B4 Health condition/reason of death
- B5 Grandparents and their health condition

C FAMILY HISTORY 2

- C1 Diseases in family
- C2 Siblings
- C3 Health condition/reason of death
- C4 Children
- C5 Health condition

D PERSONAL HISTORY

- D1 Children diseases
- D2 Serious diseases
- D3 Operations
- D4 Injuries
- D5 Abusus
- D6 Pharmaceuticals
- D7 Allergies

E PERSONAL HISTORY | WOMEN ONLY

- E1 Menstruation
- E2 Menopause
- E3 Births
- E4 Hospitalisations
- E5 Bleeding/transfusions

F SOCIAL AND WORK HISTORY

- F1 Accomodation
- F2 Living with...
- F3 Self-sufficiency
- F4 Education
- F5 Working hours × shifts

CURRENT DISEASE

- G1 Troubles
- G2 Other troubles
- G3 When
- G4 How long
- G5 First occurence

ung man, older man, adolescent girl etc.

ANSWERS (IN CZECH LANGUAGE)
