

Do You Have Any of the Following Problems (ROS)

- | | | |
|----------------------------|---------------------------|--------------------------|
| Fever | <input type="radio"/> Yes | <input type="radio"/> No |
| Chills | <input type="radio"/> Yes | <input type="radio"/> No |
| Irregular heart beat | <input type="radio"/> Yes | <input type="radio"/> No |
| Murmurs | <input type="radio"/> Yes | <input type="radio"/> No |
| Chest pain | <input type="radio"/> Yes | <input type="radio"/> No |
| Persistent cough | <input type="radio"/> Yes | <input type="radio"/> No |
| Blood-tinged sputum | <input type="radio"/> Yes | <input type="radio"/> No |
| Shortness of breath | <input type="radio"/> Yes | <input type="radio"/> No |
| Pains in leg while walking | <input type="radio"/> Yes | <input type="radio"/> No |
| Leg edema | <input type="radio"/> Yes | <input type="radio"/> No |
| Loss of appetite | <input type="radio"/> Yes | <input type="radio"/> No |
| Weight loss | <input type="radio"/> Yes | <input type="radio"/> No |
| Acid reflux | <input type="radio"/> Yes | <input type="radio"/> No |
| Blood in stool | <input type="radio"/> Yes | <input type="radio"/> No |
| Blood in urine | <input type="radio"/> Yes | <input type="radio"/> No |
| Difficulty urinating | <input type="radio"/> Yes | <input type="radio"/> No |
| Easy bruising | <input type="radio"/> Yes | <input type="radio"/> No |
| Anemia | <input type="radio"/> Yes | <input type="radio"/> No |
| Headache | <input type="radio"/> Yes | <input type="radio"/> No |
| Dizziness | <input type="radio"/> Yes | <input type="radio"/> No |
| Confusion | <input type="radio"/> Yes | <input type="radio"/> No |
| Back pain | <input type="radio"/> Yes | <input type="radio"/> No |
| Arthritis | <input type="radio"/> Yes | <input type="radio"/> No |
| Fatigue | <input type="radio"/> Yes | <input type="radio"/> No |
| Thyroid disorder | <input type="radio"/> Yes | <input type="radio"/> No |
| Suspicious moles | <input type="radio"/> Yes | <input type="radio"/> No |
| Suspicious lesions | <input type="radio"/> Yes | <input type="radio"/> No |