

# ***Living Stream Ministry***

2431 W. La Palma Ave., / Anaheim, CA 92801  
P.O. Box 2121 / Anaheim, CA 92814 / U.S.A.

October 30, 2018

## **TO THE ELDERS OF THE CHURCHES**

### **RE: Announcement of the Spring 2019 Middle-age Full-time Training in Anaheim**

Thank the Lord that the thirty-fourth term of the multi-language Middle-age Full-time Training (FTTA-MA) is nearly completed. Saints from various countries: United States, Australia, Brazil, Canada, China, Ghana, Malaysia, New Zealand, Singapore, South Korea, Taiwan and United Kingdom participated in this past term of the training. Regardless of their respective races, nationalities, and languages, the trainees are being perfected in an atmosphere of blending and in the reality of the one new man.

The FTFTA-MA is a one-year program, and all classes are designed with a full year in view in two 15-week terms. The coming term of the Middle-age Training will begin on March 11, 2019 and will conclude on June 22, 2019. The curriculum and schedule are designed to meet the specific needs of this age group. The classes are given in English, Chinese, Korean and Spanish languages. We hope that many saints in the Lord's recovery, between the ages of 35 and 65, will seize this opportunity to be perfected. Please refer to the attached information sheets for details. All applications must be received by the Middle-age Training office no later than February 19, 2019.

Sincerely,

Living Stream Ministry  
Middle-age Full-time Training in Anaheim

### **Middle-age Full-time Training in Anaheim Information**

**Date:** Monday, March 11, 2019 to Saturday, June 22, 2019

**Application Deadline:** 1. All applications including all required medical forms must be received by the training office no later than February 19, 2019.  
2. Those accepted to the Training will be notified by e-mail.  
3. Further details concerning the Training will be furnished upon acceptance notification. **Please do not make any travel arrangement until you have received an acceptance notification from the Training Office.**

**Location:** Ministry Conference Center (MCC)  
Living Stream Ministry Campus, 2431 W. La Palma Ave, Anaheim, CA 92801

**Qualification:** Brothers or sisters in the church life, between the age of 35 and 65, in sound physical and mental health, and with elders' recommendation. For saints who are younger than 35 or older than 65, please fellowship with the local elders for their approval and recommendation.

Saints may attend the training on a short-term basis. The minimum period required for short-term is one week. Short-term applicant should plan to arrive at the training on Lord's Day or Monday.

**Clothing Requirement:** All clothing requirements are **MANDATORY** for all trainees for the entire duration of the training. Both brothers and sisters are expected to dress according to the requirements specified below upon arrival at the Training for registration and interview on March 11, 2019. Please note that **NO** uniform will be available for purchase at the training center.

#### **A. Brothers**

##### **1. Training Attire**

- a. Shirts: Solid white dress shirts with long sleeve and a collar. Shirts should be tucked in at all times.
- b. Ties: Ties will be supplied and available for purchase upon arrival at the Training.
- c. Dark solid navy blue or black suit coat or blazer.
- d. Dark solid navy blue or black pants. No jeans and shorts are allowed at all time.
- e. Undershirts: White only.
- f. Dress shoes/socks/belt: Black or dark blue and of a conservative style.
- g. Facial hair: A brother should keep his face clean and shaven. Nose hair should be trimmed. Beards, mustaches, long sideburns, and shaved heads are not permitted. Hair dyeing, highlighting, or streaking is not permitted.
- h. Cologne with strong fragrance is not permitted.

##### **2. Gospel Attire**

- a. Pants—beige, brown, blue, or black and without any patterns.
- b. Shirt—full button-down with a collar. Must be tucked in.

##### **3. Lord's Day Attire**

- a. Training attire is not required.
- b. Dress slacks.
- c. Dress shirt—white or solid conservative light color, full button-down, with long sleeves and a moderate collar. Must be tucked in.
- d. Dress shoes.
- e. Tie—conservative color and pattern.

#### **B. Sisters**

##### **1. Training Attire**

- a. Shirts: Solid white blouse with a collar, no form fitting. Blouse should be tucked in at all times.
- b. Dark solid navy blue or black skirt, suit coat or blazer.
- c. Dress shoes: Heels no higher than 1½ inches, closed toe, heels and sides, solid black or solid dark blue shoes. No boots are allowed.
- d. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- e. Nylons: Black or natural color.
- f. Sleeveless blouse, jumper and one-piece dress are not allowed.
- g. Slacks (pants) and jeans are not permitted at all time.
- h. Scarf: Solid black, dark blue or white, with no design or monogram.
- i. No ornamentation (except wedding rings).
- j. No nail polish for either fingernails or toenails.
- k. No hair dyeing, highlighting, or streaking.
- l. Perfumes or lotions with strong fragrance are not permitted.

## 2. **Gospel Attire**

- a. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- b. Blouse or shirt—full button-down with a collar. No polo shirts or t-shirts are permitted.
- c. Shoes—dark or neutral color and must be kept clean. They must have closed toes, sides, and heels. Canvas or similar shoes are permitted.

## 3. **Lord's Day Attire**

- a. Training attire is not required.
- b. Dress or skirt—required. No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- c. Blouse—modest and not form-fitting.
- d. Shoes—dark or neutral color with closed toes, sides, and heels.

## **C. General**

1. Please bring other necessary clothing according to your needs, such as warm winter clothing for cold weather, exercise clothes and shoes, work clothes and shoes, etc. Sisters may wear black tights underneath for warmth. No leggings are permitted. All clothing needs to be proper, according to the standard of a saint.
2. To wear a different jacket in place of the training specified, i.e. dark solid navy blue suit coat is not permitted. Sweaters should be worn underneath the suit coat. Overcoats and sweaters should be in dark solid navy blue, gray or black with no design or monogram. Overcoat should not be worn inside the classroom.
3. The training will provide all linens, such as pillow, bed sheets, blankets, etc. Please bring your personal items, such as towels, shampoo, etc.

**Lodging:** Training-arranged housing will be provided to single brothers or sisters when requested. Married couples without children will be lodged together in training-arranged housing if both are trainees. Couples with children may also apply provided they are able to take care of their own housing needs and living costs. Southern California trainees may stay at home and commute.

**Transportation:** Trainees are encouraged to provide their own vehicle.

### **Medical Requirements: Mandatory medical requirements for trainees registered for one month or longer:**

1. Major medical or valid travel insurance, e.g., copy of insurance card or insurance certificate, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training.
2. Health Questionnaire must be completed and submitted along with the application (download the form at [www.fttamidage.org](http://www.fttamidage.org)).
3. All incoming trainees must submit evidence of tuberculosis (TB) screening.

Although tuberculosis screening need not be completed before the application is submitted, it must be completed before arrival in Anaheim. Trainees are not allowed to participate in the training, including meals or housing, prior to completion of tuberculosis screening.

In most cases, TB screening is done by a skin test (PPD) performed within the last 6 months before the start of the Training. However, in the event that your TB skin test returns positive, a radiologist's report in English of a chest X-ray done after the PPD must

be submitted. The skin test requires two visits to a health care provider, 48-72 hours apart, and obtaining a chest x-ray report normally requires at least a week. The applicant should allow for unforeseen delays.

If the PPD test was positive in the past, the PPD should not be repeated. In this case, a chest x-ray done within the last 12 months before the start of the training is sufficient.

If the TB screening requirement is fulfilled by chest x-ray, the report must be in English and signed by a radiologist. Note that a statement from a personal physician that the chest x-ray was normal is not sufficient. In addition, you must send the chest x-ray in electronic format to [midage@fta.org](mailto:midage@fta.org), or bring the chest X-ray, preferably in electronic format, to your medical interview on the first day of the Training.

An alternate method of screening is by blood test. One advantage of the blood test is that it might turn out normal even if the PPD was positive in the past, which would spare the need for a chest x-ray. However, the blood test is more expensive and is not as widely used as the PPD.

There are two situations in which no skin test, x-ray or blood test is required. One is if the individual has previously had TB, has completed treatment, and is currently without symptoms of cough, fatigue, night sweats or weight loss. The other is if the individual has completed a course of antibiotic prophylaxis for TB (this is usually 6-9 months in duration). In either case, documentation of treatment must be submitted in English.

Applicants are strongly recommended to have immunization against tetanus, hepatitis A and B, influenza. For those who are over 50 years old, the Zoster (shingles) vaccine is also recommended. The pneumococcal vaccine is recommended for applicants over 65 in good health condition.

It is also recommended that applicants over fifty years of age to consult a physician to undergo examination and other evaluation as deemed necessary to assure readiness to undertake an intensive year-long training program.

- Cost:** Full-time trainee: US \$3300 per term of 15 weeks, or \$220/week, including lodging and meals  
Short-term trainee: US \$220/week (includes lodging and meals)  
Commuter: US \$1800 per term of 15 weeks or \$120/week (no lodging but lunch included)  
Personal expenses: Not included in the above

**Payment:** Make check payable to LSM, and mail it to:  
Living Stream Ministry  
Middle-age Full-time Training  
2431 W. La Palma Ave.  
Anaheim, CA 92801

Payment schedule:

Option 1: Full payment on 3/11/19

Option 2: Every 4 weeks on 3/11/19, 4/8/19, 5/6/19 and 6/3/19, with \$880 for the first three payments, and \$660 for the last payment

(Commuter: \$480 for the first three payments, and \$360 for the last payment).

**Schedule:** Classes: Tuesday to Friday – 9:00 AM to 2:45 PM  
Wednesday – 7:30 PM to 9:30 PM  
Saturday – 9:00 AM to 11:00 AM (Study Session)  
Gospel service: Friday & Saturday evenings – Attend church small group meetings or study.  
Lord’s Day – Attend Lord’s table and prophesying meeting.  
Gospel visitation and follow-up

**Summer Training:** It is strongly recommended that all trainees attend the Summer Training from July 1-6, 2019. Registration for the semi-annual training should be done through the trainee’s sending locality.

**Contact:** **Middle-age Full-time Training Office:** 714-236-6027; Office Fax: 714-236-6029  
Mailing Address: P. O. Box 2121, Anaheim, CA 92814, U.S.A.  
Email Address: [midage@ftta.org](mailto:midage@ftta.org)  
Website: [www.fttamidage.org](http://www.fttamidage.org)

**Translation:** FM radio and headset are required for all non-English speaking trainees.

MIDDLE-AGE FULL-TIME TRAINING IN ANAHEIM APPLICATION FORM

Spring 2019 (3/11/19 to 6/22/19)

Application Deadline: February 19, 2019

**PLEASE PRINT NEATLY & THOROUGHLY IN DETAIL**

Name: \_\_\_\_\_ Bro \_\_\_\_ Sis \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I. month date year  
 Age \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

Sending Locality: \_\_\_\_\_  
City State Country

Nationality: \_\_\_\_\_ Others (Please check one):  
 LINE  WeChat  WhatsApp  KakaoTalk  
 ID #: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Education: \_\_\_\_\_  
School Major Degree

Present or recent occupation: \_\_\_\_\_; If presently serving full-time, date you began: \_\_\_\_\_

Will you bring a car: Yes \_\_\_\_ No \_\_\_\_; if yes, how many passengers will it accommodate? \_\_\_\_\_

Housing desired: Yes \_\_\_\_ No \_\_\_\_

Attending Date: Full Time \_\_\_\_ or Short Term \_\_\_\_; if short term, you will attend from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Date saved: \_\_\_\_\_ Date baptized: \_\_\_\_\_ Date you came to the church: \_\_\_\_\_

Locality where you first contacted the church: \_\_\_\_\_

Areas of church service you have been involved in: \_\_\_\_\_

Marital status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced / Separated \_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Age: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Spouse's attitude toward your attending the training: Agree \_\_\_\_ Disagree \_\_\_\_ Also will attend \_\_\_\_

Dependents:	Name	Relationship	Age	Saved
1.	_____	_____	_____	Yes ____ No ____
2.	_____	_____	_____	Yes ____ No ____

**Mandatory Health Information:**

Do you have any allergies to foods? Yes \_\_\_\_ No \_\_\_\_

If yes, please check the food you are allergic to (Check all that apply):

Lactose Intolerant  Salmon  Tilapia  Cod Pollock  Tuna  Gluten  Other: \_\_\_\_\_

**Mandatory Medical Requirements for Trainees Registered for One Month or Longer:**

- Evidence of tuberculosis (TB) screening must be submitted prior to arrival.
- Health Questionnaire must be completed and submitted along with this application.
- Major medical or valid travel insurance, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training. Please provide a copy of your insurance card or your travel insurance certificate.

You will be supported by: Yourself \_\_\_\_ Church \_\_\_\_ Family or Friends \_\_\_\_ Other means \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Where did you hear about FTTA-MA?  Past Trainees  Information Meeting  Elders' Recommendation  
 Other: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *Additional Personal Information*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Please introduce yourself (Your answer should briefly describe your marriage, family, work, health, when and how you were saved, etc., how is your church life and meeting life after you were saved):

a. When and how you were saved?

---

---

---

---

---

b. How is your church life and meeting life?

---

---

---

---

c. Marriage and/or family:

---

---

---

d. Work:

---

---

e. Health:

---

---

---

2. Why am I attending this training?

---

---

---

3. My expectation from this training:

---

---

---

## *Additional Personal Information*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**4. Life Practice, Truth Pursuit and God-ordained Way Practice:**

Daily personal morning revival: Yes \_\_\_\_\_ No \_\_\_\_\_

Daily Bible reading: Yes \_\_\_\_\_ No \_\_\_\_\_

Daily personal prayer: Yes \_\_\_\_\_ No \_\_\_\_\_

Gospel preaching: Yes \_\_\_\_\_ No \_\_\_\_\_

Shepherding new ones: Yes \_\_\_\_\_ No \_\_\_\_\_

Attending small group meeting: Yes \_\_\_\_\_ No \_\_\_\_\_

Lord's day prophesying: Yes \_\_\_\_\_ No \_\_\_\_\_

List down all the Life-study messages you have read through: \_\_\_\_\_

Other: \_\_\_\_\_

Please provide the name, email address and mobile number of two elders/leading brothers who will be recommending you:

1) Elder/Leading Brother's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

2) Elder/Leading Brother's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

The acceptance of your application depends on receiving the recommendation of at least two elders from your sending locality. It is important that you submit the completed application directly to the Middle-age Training Office by emailing or mailing it. Upon receiving your application, the training office will contact your elders for their recommendations. Once we receive your completed application and the elders' recommendation, we will review the submitted information and will inform the status of your application by email.



If you feel any question is too personal please feel free to omit and discuss with the medical doctor in private.

**FTTA MIDDLE-AGE TRAINING**

**TRAINEE HEALTH QUESTIONNAIRE**

**(To be filled out by the applicant and submitted with the application)**

**CONFIDENTIAL**

Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Fax/E-mail \_\_\_\_\_  
Locality \_\_\_\_\_ Nationality \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

***Please give details to any question answered by a check in the left-hand column in the space provided at the end of the questionnaire.***

1. Are you presently in good general health and free of contagious illness? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have any allergies to medicines? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have any allergies to foods? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you have any allergies to mold, pollen or other substance that are inhaled? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you have any chronic illness? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have any physical disability? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you take any medicine on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you ever had surgery? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you been advised by a doctor to have any diagnostic procedures or treatment which has not yet been done (for example, chest x-ray for chronic cough, surgery or hernia)? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you ever had the following illnesses?
  - peptic ulcer Yes \_\_\_\_\_ No \_\_\_\_\_
  - tuberculosis Yes \_\_\_\_\_ No \_\_\_\_\_
  - hepatitis Yes \_\_\_\_\_ No \_\_\_\_\_
  - heart disease Yes \_\_\_\_\_ No \_\_\_\_\_
  - kidney disease Yes \_\_\_\_\_ No \_\_\_\_\_
  - cancer Yes \_\_\_\_\_ No \_\_\_\_\_
  - high blood pressure Yes \_\_\_\_\_ No \_\_\_\_\_
  - nervous breakdown Yes \_\_\_\_\_ No \_\_\_\_\_
  - asthma Yes \_\_\_\_\_ No \_\_\_\_\_
  - other serious illness Yes \_\_\_\_\_ No \_\_\_\_\_
11. Have you ever been hospitalized for physical or mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* If so, give date, reason and result \_\_\_\_\_
12. Have you used tobacco, alcohol or habit-forming drugs within the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* If you ever used cigarettes regularly, for how many years and how many packs per day? \_\_\_\_\_
13. Have you ever had a serious injury? (e.g., whiplash, concussion, fractured bone)? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Have you had a physical examination within the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* If so, give date, reason and result \_\_\_\_\_
15. Have you had a chest x-ray within the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* If so, give date, reason and result \_\_\_\_\_
16. How many colds do you have per year? Less than 3 \_\_\_\_\_ 3 or more \_\_\_\_\_
17. In the last year, have you lost more than one week from school or work due to your health? Yes \_\_\_\_\_ No \_\_\_\_\_
18. In the last three years, have you lost more than one month from school or work due to your health? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Have you exercised regularly during the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_
20. What level of exercise can you tolerate?  
 Running \_\_\_\_\_  
 Jogging \_\_\_\_\_  
 Walking \_\_\_\_\_  
 Don't know \_\_\_\_\_
21. Do you anticipate a problem sharing a bedroom with five other people? Yes \_\_\_\_\_ No \_\_\_\_\_
22. Do you anticipate a problem from culture shock? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMMUNIZATION RECORD**

**Immunization/Test \*      Date Received**

Td		Should be within last 10 years	
Hepatitis A	#1	#2	
Hepatitis B **	#1	#2	#3
TB skin test (PPD)	Date: Result:	If <b>positive</b> , date of chest x-ray:	Result of chest x-ray:
MMR	#1	#2	

\*If any of the immunizations or TB skin test (PPD) have **not** been received, please explain reason in space provided below.

\*\*If immunization has **not** been received, indicate reason:

- a) have had it and am a carrier
- b) have had it and am immune
- c) do not know my status, I did not received the full series. (If so, a blood test can verify immune status.)

---



---



---

**DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING COMPLAINTS?**

23. Recent weight change of five or more pounds Yes \_\_\_\_\_ No \_\_\_\_\_
24. Toothache Yes \_\_\_\_\_ No \_\_\_\_\_
25. Gums which are red, swollen or bleed easily Yes \_\_\_\_\_ No \_\_\_\_\_
26. Teeth which need to be filled, extracted or replaced Yes \_\_\_\_\_ No \_\_\_\_\_
27. Headaches Yes \_\_\_\_\_ No \_\_\_\_\_
28. Double vision Yes \_\_\_\_\_ No \_\_\_\_\_
29. Dizziness or fainting spells Yes \_\_\_\_\_ No \_\_\_\_\_
30. Glaucoma Yes \_\_\_\_\_ No \_\_\_\_\_
31. Runny nose or sore throat Yes \_\_\_\_\_ No \_\_\_\_\_
32. Chronic sinusitis Yes \_\_\_\_\_ No \_\_\_\_\_
33. Nose bleeds Yes \_\_\_\_\_ No \_\_\_\_\_
34. Ear Disease Yes \_\_\_\_\_ No \_\_\_\_\_
35. Impaired hearing Yes \_\_\_\_\_ No \_\_\_\_\_
36. Thyroid disease Yes \_\_\_\_\_ No \_\_\_\_\_
37. Enlarged glands Yes \_\_\_\_\_ No \_\_\_\_\_
38. Cough for more than three weeks, or bloody sputum Yes \_\_\_\_\_ No \_\_\_\_\_
39. Wheezing Yes \_\_\_\_\_ No \_\_\_\_\_
40. Any other kind of lung trouble Yes \_\_\_\_\_ No \_\_\_\_\_
41. Chest pain Yes \_\_\_\_\_ No \_\_\_\_\_
42. Heart murmur Yes \_\_\_\_\_ No \_\_\_\_\_
43. Swollen hands Yes \_\_\_\_\_ No \_\_\_\_\_
44. Feeling of awakening in the night smothering Yes \_\_\_\_\_ No \_\_\_\_\_
45. Shortness of breath (not during exercise) Yes \_\_\_\_\_ No \_\_\_\_\_
46. Abdominal pain Yes \_\_\_\_\_ No \_\_\_\_\_

- |     |  |     |    |
|-----|--|-----|----|
| 47. | Nausea or vomiting   | Yes | No |
| 48. | Heartburn  | Yes | No |
| 49. | Excessive belching or passing gas  | Yes | No |
| 50. | Diarrhea   | Yes | No |
| 51. | Constipation   | Yes | No |
| 52. | Recent change in bowel habits  | Yes | No |
| 53. | Pain with bowel movements  | Yes | No |
| 54. | Blood with bowel movements   | Yes | No |
| 55. | Sensation of food sticking in throat   | Yes | No |
| 56. | Difficulty swallowing  | Yes | No |
| 57. | Painful Urination  | Yes | No |
| 58. | Blood in urine   | Yes | No |
| 59. | Frequent urination (more than 6x/day or 1x/night)                                | Yes | No |
| 60. | Weak stream of urine, or leaking urine   | Yes | No |
| 61. | (For males only) Discharge from the penis  | Yes | No |
| 62. | Marital problems   | Yes | No |
| 63. | Varicose veins   | Yes | No |
| 64. | Joint pain   | Yes | No |
| 65. | Pain in legs or buttocks when walking, which is relieved by rest                 | Yes | No |
| 66. | Change in color or size of a mole  | Yes | No |
| 67. | Bleeding mole  | Yes | No |
| 68. | Scab which has not healed in three weeks or more                                 | Yes | No |
| 69. | Change in skin color   | Yes | No |
| 70. | Frequent skin infections or boils  | Yes | No |
| 71. | Other skin diseases  | Yes | No |
| 72. | Lump under the skin  | Yes | No |
| 73. | Anemia   | Yes | No |
| 74. | Blood clots  | Yes | No |
| 75. | Easy bruising  | Yes | No |
| 76. | Prolonged bleeding after surgery or injury                                       | Yes | No |
| 77. | Convulsions  | Yes | No |
| 78. | Weakness or paralysis  | Yes | No |
| 79. | Difficulty falling asleep in the evening   | Yes | No |
| 80. | If you awaken during the night, difficulty falling back asleep                   | Yes | No |
| 81. | Have you ever been under psychiatric care or been advised to see a psychiatrist? | Yes | No |
| 82. | Unusual fears (such as claustrophobia)?  | Yes | No |
| 83. | Difficulty in adjusting to new situations  | Yes | No |
| 84. | Intolerant to heat or cold   | Yes | No |
| 85. | Change in hat or glove size  | Yes | No |
| 86. | Change in hair growth  | Yes | No |

**QUESTIONS 87-97 FOR WOMEN ONLY**

- |     |   |     |    |
|-----|---|-----|----|
| 87. | Do you miss school or work due to menstrual pain?         | Yes | No |
| 88. | Do you have bleeding in between your periods?             | Yes | No |
| 89. | Do you have vaginal itching or discharge?                 | Yes | No |
| 90. | Have you ever had a Pap smear (test for cervical cancer)? |     |    |
|     | * If so, give date and result _____                       |     |    |
| 91. | Do you examine your breasts monthly?                      | Yes | No |
| 92. | Do you have a breast lump or lump under your arm?         | Yes | No |
| 93. | Do you have a discharge from the nipple?                  | Yes | No |
| 94. | Age at which periods began _____                          |     |    |
| 95. | Do you still have periods?                                | Yes | No |
|     | * If not, age at which periods ceased _____               |     |    |
| 96. | Number of pregnancies _____                               |     |    |
| 97. | Number of live births _____                               |     |    |

## SOCIAL AND OCCUPATIONAL HISTORY

98. Have you ever been exposed to hazardous working environment? Yes \_\_\_\_\_ No \_\_\_\_\_
99. Marital status            single            \_\_\_\_\_  
                                   married            \_\_\_\_\_  
                                   widowed        \_\_\_\_\_  
                                   separated      \_\_\_\_\_  
                                   divorced        \_\_\_\_\_
100. How many dependents live with you (except spouse) \_\_\_\_\_
101. What was the highest level of education you attained? \_\_\_\_\_  
 Degree \_\_\_\_\_ Field \_\_\_\_\_
102. What were your occupation(s) before going full-time? \_\_\_\_\_  
 \_\_\_\_\_
103. Have you had any training in medicine, nursing or related fields? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \* If so, please give details \_\_\_\_\_  
 \_\_\_\_\_

## FAMILY HISTORY

- | 104. Relationship | If alive,<br>age | If deceased,<br>age at death | Present state of health<br>or cause of death |
|-------------------|------------------|------------------------------|--|
| Father            | _____            | _____                        | _____  |
| Mother            | _____            | _____                        | _____  |
| Brother           | _____            | _____                        | _____  |
| Sister            | _____            | _____                        | _____  |
105. Besides those noted above, do any other diseases run in your family? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \* If so, give details \_\_\_\_\_  
 \_\_\_\_\_

## ADDITIONAL INFORMATION

106. What is your height? \_\_\_\_\_
107. What is your weight? \_\_\_\_\_
108. What is your heart rate? \_\_\_\_\_
109. What is your blood pressure? \_\_\_\_\_
110. What is your fasting blood glucose level? \_\_\_\_\_  
*(Both the blood pressure and blood glucose measurements may be obtained either through a health professional, or personally through an owned or borrowed home monitoring device.)*
111. Whom to notify in case of emergency:  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

This space is for detailed answers to questions above. Please be sure to note the question number.  
 Attach additional sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_