(Q.4--Continued)

	a. Has a doctor ever told you that you had *(condition)*?	*(If "Yes" to a, ask b-c):* b. In what year were you first diagnosed for *(condition)*?	c. Are you currently being seen by a doctor for this condition?
Gastrointestinal			
[17] A bleeding ulcer	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
[18] Some other type of ulcer *(Specify)* _____	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
[19] Gallbladder disease or gallstones	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
Genitourinary			
[20] A urinary infection in your bladder or kidney	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2
[21] Kidney stones	Yes . . 1 No . . 2 *DK . . 8*	19_____ *DK . . . 98*	Yes . . 1 No . . 2

STLCOPCB4043382