Health
Illawarra Shoalhaven
Local Health District

Self-administered co-morbidity questionnaire (SCQ)

ISLHD Colorectal Tumour Program

MRN:	
Today's Date	

Surname:		First name:		DOB:	

The questions below are about health conditions you might have. Knowing about these conditions helps your clinical team care for you in the best way possible.

Do you have any of the following conditions?			Do you receive treatment for it?		Does it limit your activities?	
Heart Disease	No	Yes	No	Yes	No	Yes
High Blood Pressure	No	Yes	No	Yes	No	Yes
Lung Disease	No	Yes	No	Yes	No	Yes
Diabetes	No	Yes	No	Yes	No	Yes
Ulcer or stomach disease	No	Yes	No	Yes	No	Yes
Kidney disease	No	Yes	No	Yes	No	Yes
Anaemia or other blood disease	No	Yes	No	Yes	No	Yes
Cancer	No	Yes	No	Yes	No	Yes
Depression	No	Yes	No	Yes	No	Yes
Osteoarthritis, degenerative arthritis	No	Yes	No	Yes	No	Yes
Back pain	No	Yes	No	Yes	No	Yes
Rheumatoid arthritis	No	Yes	No	Yes	No	Yes
Other medical problems (please write below)	No	Yes	No	Yes	No	Yes