



**8. Immunization History**

Check (✓) if you have been immunized against the following diseases and indicate the year it was administered.

- \_\_\_\_\_ DPT (Diphtheria, Pertussis and Tetanus)                      Date: \_\_\_\_\_
- \_\_\_\_\_ Poliomyelitis    Date: \_\_\_\_\_
- \_\_\_\_\_ Measles    Date: \_\_\_\_\_
- \_\_\_\_\_ Mumps:    Date: \_\_\_\_\_
- \_\_\_\_\_ German Measles    Date: \_\_\_\_\_
- \_\_\_\_\_ Hepatitis A    Date: \_\_\_\_\_
- \_\_\_\_\_ Hepatitis B    Date: \_\_\_\_\_
- \_\_\_\_\_ Chickenpox    Date: \_\_\_\_\_
- \_\_\_\_\_ Influenza    Date: \_\_\_\_\_

**9. Menstrual History (for FEMALE STUDENTS)**

Age of Onset: \_\_\_\_\_ Average Duration of Menstruation (in days): \_\_\_\_\_

Amount ( ) scanty ( ) moderate ( ) profuse                      Occurrence: ( ) Regular ( ) Irregular

Presence of pain: ( ) before menstruation ( ) during menstruation ( ) after menstruation ( ) none

Intensity of Pain: ( ) mild ( ) moderate ( ) severe

Medications usually taken (list all): \_\_\_\_\_

10. Indicate your answers with a check (✓) mark.

a. Do you feel any of the following manifestations during stressful situations? ( ) YES ( ) NO

If yes, please check all that apply:

- ( ) stomach ache                      ( ) difficulty of breathing                      ( ) difficulty in swallowing
- ( ) dizziness                      ( ) palpitations                      ( ) immobility of hands and legs
- ( ) fainting                      ( ) allergy attacks                      ( ) nausea and vomiting
- ( ) loose bowel movement                      ( ) frequent urination

b. In what event do you usually experience the above mentioned symptoms?

- ( ) before exam                      ( ) contests                      ( ) quarrel with family/ friends/ significant others
- ( ) break-ups                      ( ) any classroom activity                      ( ) any activity facing a crowd of people
- ( ) hearing of bad news( ) Others (pls. specify): \_\_\_\_\_

c. Is the manifestation usually manageable? ( ) YES ( ) NO

d. If NO, do you seek medical attention? ( ) YES ( ) NO

e. Do you feel like someone is watching you even when there are no people around? ( ) YES ( ) NO

f. Do you experience stage fright or fear of facing a crowd of people? ( ) YES ( ) NO

g. When you are in a sad/ depressed mood, how long does it usually last?

- ( ) 1 day                      ( ) 2-3 days                      ( ) 1 week                      ( ) 2-3 weeks                      ( ) 1 month                      ( ) more than a month

h. Do you usually share your problems / secrets to other people? ( ) YES ( ) NO

11. Are you allergic to any medications? ( ) YES                      If yes, to what medications: \_\_\_\_\_  
( ) NO

\_\_\_\_\_  
**Printed Name and Signature  
of Student**

