

**CANCER FOUNDATION AND OTHER DIGESTIVE ILLNESS
FUNCEDI**

1. Personal data

Name

Surname

ID TYPE: T.I. ___ C.C. ___

No.

Age

Marital status

Place and date of birth

Occupation

Phone/Cellphone

Address

City

What medical problems have you had?

Have you been hospitalized in the last 6 months or in urgency?

Yes, ___ No ___ Date ___ Reason why _____

II. Family Background

Father alive: Yes, ___ No, ___

The illness he suffers _____

Mother alive: Yes, ___ No, ___

The illness she suffers _____

Brothers: Yes, ___ No, _____

How much _____ Alive _____

The illness they suffer _____

Has been in your family some type of cancer? If yes please tell us which and who has it

III. Personal background

What illness you have?

What medication do you take?

Any operation?

Smoke? Yes ___ No _____

Alcohol? Yes ___ No _____

Drug use? Yes ___ No _____

Blood transfusion? Yes ___ No _____

Approx Weight in Kg _____

Height in Cm _____

IV. Socioeconomic Data

Education

The last grade passed: _____ Your pather _____ Your Mother _____

Have you been a victim of some type of violence? (physical, verbal or physiologic)

Have you been displaced from some place or territory?

Property

Persons you live with right now

Someone depends economical from you? If yes how many people and who they are?

The house you live in is: One's own house ___ Rent ___ Borrow ___

How many rooms your house has? (without counting bathroom or hallway)

How many people live in your house?

How many bathrooms your house have?

Mark with an (x) the furniture your house has

Tv

Dvd

Stove

Microwave

Washing machine

Dryer

Fridge

Computer

Cable Television

Ask for Angela Guio in Cra. 14#127-11 cons. 502, Tel: 3907147-3503189966