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Please answer the following questions and indicate "Yes" or "No" as applicable:

1. Have you ever had cancer? _____
2. Are you losing weight without trying? _____
3. Does your pain wake you at night? _____
4. Have you had a change in bowel or bladder patterns? _____
5. Do you have a sore that doesn't heal? _____
6. Do you have any unusual bleeding or discharges? _____
7. Do you have a thickening or lump in your body? _____
8. Do you have indigestion or difficulty swallowing? _____
9. Have you had an obvious change in a wart or a mole? _____
10. Do you have a nagging cough or hoarseness of your voice? _____