Referral Date: _____ Randomization Date: _____ Subject ID: _____ Initials: _____ PCP _____

Chart Abstraction—Part A

Are any **current chronic** conditions (i.e. present for **<u>any</u> 6 month period**) entered in the subject's chart □ (0) No ⇐ *Go to Part C* □ (1) Yes (Please list)

Disease	Yes	No	#
Cancer			
Current Cancer ⇐_____ *(name)*			1
History of Cancer ⇐_____ *(name)*			2
Cardiovascular Disease			
Hyperlipidemia			3
Hypertension			4
Congestive Heart Failure			5
Coronary Artery Disease			6
Myocardial Infarction			7
Stroke/TIA			8
Other I *cardiovascular* ⇐ _____(name)			9
Other II *cardiovascular* ⇐ _____(name)			10
Diabetes			
Diabetes			11
Rheumatologic Illness			
Osteoarthritis			12
Rheumatoid Arthritis			13
Fibromyalgia			14
Lupus			15
Other I ⇐_____ (name)			16
Other II⇐_____ (name)			17
Pulmonary Disease			
Asthma			18
Chronic Obstructive Pulmonary Disease			19
Sleep Apnea			20
Other, e.g. chronic bronchitis ⇐_____**(**name)			21
Thyroid Diseases			
Hyperthyroidism			22
Hypothyroidism			23
Other Chronic Conditions			
Other I ⇐_____**(name)**			24
Other II ⇐_____**(name)**			25
Other III ⇐_____**(name)**			26

Disease	Yes	No	#
Gastrointestinal			
Irritable Bowel Syndrome			27
Crohn's Disease/ Ulcerative Colitis			28
Gastritis/ GERD/ PUD/ Reflux			29
Other ⇐_____ (name)			30
Pain Syndromes			
Chronic Abdominal			31
Chronic Headache/Migraine			32
Chronic Musculoskeletal, not back			33
Chronic Back			34
Chronic Pelvic			35
Chronic Pain Other _____ (name)			36
Other Current Comorbid Conditions			
Depression			37
Anxiety			38
Panic			39
Chronic Insomnia (on sleep medications)			40
Alcohol Abuse			41
Tobacco Use			42
Substance Abuse			43
Other Psychiatric Diagnosis			44
Other _____ (name)			45
Surgeries (only within study)			
Bariatric Surgery (any time)			46
Surgical Condition ⇐_____(name)			47
Surgical Condition II ⇐_____**(name)**			48