DURING THE LAST FOUR MONTHS

19. Have you had an X-ray? [U_XRAY]:

0 = No
1 = Yes

What type? ____________
When? ___ / ___ / ___ date (approx)
OR _____ weeks gestation

20. Have you had a dental X-ray? [U_DXRAY]:

0 = No
1 = Yes

When? ___ / ___ / ___ date (approx)
OR _____ weeks gestation

21. Have you had a general anaesthetic? [U_ANAET]:

0 = No
1 = Yes

What operation? ________________
When? ___ / ___ / ___ date (approx)
OR _____ weeks gestation