

**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