

**QUESTIONNAIRE**

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- 1. **Age** \_\_\_\_\_
- 2. **Sex** \_\_\_\_\_
- 3. **Marital Status** \_\_\_\_\_
- 4. **Occupation** \_\_\_\_\_
- 5. **Education** \_\_\_\_\_
- 6. **Religion** \_\_\_\_\_
- 7. **Income** \_\_\_\_\_
- 8. **Health Status** \_\_\_\_\_
- 9. **Smoking Status** \_\_\_\_\_
- 10. **Alcohol Consumption** \_\_\_\_\_
- 11. **Family Size** \_\_\_\_\_
- 12. **Duration of Illness** \_\_\_\_\_
- 13. **Previous Treatments** \_\_\_\_\_
- 14. **Current Medication** \_\_\_\_\_
- 15. **Comorbidities** \_\_\_\_\_

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