

Variabelutvalg, Register for eksepsjonelle sykdomsforløp (RESF)

Variabel nr	Kryss av for ønsket variabel	Variabel	Tema	Beskrivelse
1	<input type="checkbox"/>	DATE_REGISTERED_RESF	GENERAL INFORMATION	Date of registration
2	<input checked="" type="checkbox"/>	PATIENT_SEX_RESF	GENERAL INFORMATION	Patient's sex
3	<input checked="" type="checkbox"/>	PATIENT_COUNTRY_RESF	GENERAL INFORMATION	Patient's country
4	<input checked="" type="checkbox"/>	PATIENT_YEAR_OF_BIRTH_RESF	GENERAL INFORMATION	Patient's year of birth
5	<input type="checkbox"/>	PATIENT_YEAR_OF_DEATH_RESF	GENERAL INFORMATION	Patient's date of death
6	<input checked="" type="checkbox"/>	PROBLEM_1_RESF	GENERAL INFORMATION	What is the first health problem registered?
7	<input checked="" type="checkbox"/>	PROBLEM_2_RESF	GENERAL INFORMATION	What is the second health problem registered?
8	<input checked="" type="checkbox"/>	PROBLEM_3_RESF	GENERAL INFORMATION	What is the third health problem registered?
9	<input checked="" type="checkbox"/>	PROBLEM_4_RESF	GENERAL INFORMATION	What is the fourth health problem registered?
10	<input checked="" type="checkbox"/>	PROBLEM_5_RESF	GENERAL INFORMATION	What is the fifth health problem registered?
11	<input checked="" type="checkbox"/>	PROBLEM_6_RESF	GENERAL INFORMATION	What is the sixth health problem registered?
12	<input checked="" type="checkbox"/>	PROBLEM_7_RESF	GENERAL INFORMATION	What is the seventh health problem registered?
13	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_1_RESF	GENERAL INFORMATION	What year did the patient get the first diagnosis or health problem?
14	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_2_RESF	GENERAL INFORMATION	What year did the patient get the second diagnosis or health problem?
15	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_3_RESF	GENERAL INFORMATION	What year did the patient get the third diagnosis or health problem?
16	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_4_RESF	GENERAL INFORMATION	What year did the patient get the fourth diagnosis or health problem?
17	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_5_RESF	GENERAL INFORMATION	What year did the patient get the fifth diagnosis or health problem?
18	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_6_RESF	GENERAL INFORMATION	What year did the patient get the sixth diagnosis or health problem?
19	<input checked="" type="checkbox"/>	YEAR_START_PROBLEM_7_RESF	GENERAL INFORMATION	What year did the patient get the seventh diagnosis or health problem?
20	<input type="checkbox"/>	INFORMATION_CHANNEL_RESF	GENERAL INFORMATION	How did the patient first hear about the registry?
21	<input type="checkbox"/>	TYPE_FIRST_CONTACT_RESF	GENERAL INFORMATION	How was NAFKAM first contacted regarding this patient?
22	<input type="checkbox"/>	MADE_FIRST_CONTACT_RESF	GENERAL INFORMATION	Who made the first contact with NAFKAM regarding this patient?
23	<input type="checkbox"/>	TYPE_COURSE_OF_DISEASE_RESF	GENERAL INFORMATION	What type of course of disease did the patient experience?
24	<input checked="" type="checkbox"/>	MARITAL_STATUS_RESF	GENERAL INFORMATION	What is the patient's marital status?
25	<input checked="" type="checkbox"/>	CHILDREN_UNDER_18_RESF	GENERAL INFORMATION	The patient has children under 18 years
26	<input checked="" type="checkbox"/>	CHILDREN_OVER_18_RESF	GENERAL INFORMATION	The patient has children over 18 years
27	<input checked="" type="checkbox"/>	EDUCATION_RESF	GENERAL INFORMATION	What is the patient's highest formal education?
28	<input checked="" type="checkbox"/>	WORKS_FULL_TIME_RESF	GENERAL INFORMATION	The patient works full time
29	<input checked="" type="checkbox"/>	WORKS_PART_TIME_RESF	GENERAL INFORMATION	The patient works part time

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30	<input checked="" type="checkbox"/>	RETIRED_RESF	GENERAL INFORMATION	The patient is retired
31	<input checked="" type="checkbox"/>	UNEMPLOYED_RESF	GENERAL INFORMATION	The patient is unemployed
32	<input checked="" type="checkbox"/>	SICK_LEAVE_RESF	GENERAL INFORMATION	The patient is on sick leave
33	<input checked="" type="checkbox"/>	DISABLED_RESF	GENERAL INFORMATION	The patient is disabled
34	<input checked="" type="checkbox"/>	HOMEMAKER_SITUATION_RESF	GENERAL INFORMATION	The patient is a homemaker
35	<input checked="" type="checkbox"/>	STUDENT_RESF	GENERAL INFORMATION	The patient is a student
36	<input checked="" type="checkbox"/>	OTHER_SITUATION_RESF	GENERAL INFORMATION	The patient is in a different situation than those described above
37	<input checked="" type="checkbox"/>	MANAGER_NOW_RESF	GENERAL INFORMATION	The patient works as manager or leader
38	<input checked="" type="checkbox"/>	ACADEMIA_NOW_RESF	GENERAL INFORMATION	The patient works within academia
39	<input checked="" type="checkbox"/>	ADMIN_WORK_NOW_RESF	GENERAL INFORMATION	The patient does clerical/administrative work
40	<input checked="" type="checkbox"/>	SALES_SERVICE_NOW_RESF	GENERAL INFORMATION	The patient works within sales and service
41	<input checked="" type="checkbox"/>	AGRICULT_FISHING_NOW_RESF	GENERAL INFORMATION	The patient works within agriculture or fishing
42	<input checked="" type="checkbox"/>	VOCATIONAL_NOW_RESF	GENERAL INFORMATION	The patient does vocational work
43	<input checked="" type="checkbox"/>	DRIVER_NOW_RESF	GENERAL INFORMATION	The patient is a driver
44	<input checked="" type="checkbox"/>	HOMEMAKER_WORK_NOW_RESF	GENERAL INFORMATION	The patient is a homemaker
45	<input checked="" type="checkbox"/>	OTHER_WORK_NOW_RESF	GENERAL INFORMATION	The patient has another type of occupation than those mentioned above
46	<input checked="" type="checkbox"/>	MANAGER_BEFORE_RESF	GENERAL INFORMATION	The patient used to work as manager or leader
47	<input checked="" type="checkbox"/>	ACADEMIA_BEFORE_RESF	GENERAL INFORMATION	The patient used to work within academia
48	<input checked="" type="checkbox"/>	ADMIN_WORK_BEFORE_RESF	GENERAL INFORMATION	The patient used to do clerical/administrative work
49	<input checked="" type="checkbox"/>	SALES_SERVICE_BEFORE_RESF	GENERAL INFORMATION	The patient used to work within sales and service
50	<input checked="" type="checkbox"/>	AGRICULT_FISHING_BEFORE_RESF	GENERAL INFORMATION	The patient used to work within agriculture or fishing
51	<input checked="" type="checkbox"/>	VOCATIONAL_BEFORE_RESF	GENERAL INFORMATION	The patient used to do vocational work
52	<input checked="" type="checkbox"/>	DRIVER_BEFORE_RESF	GENERAL INFORMATION	The patient used to be a driver
53	<input checked="" type="checkbox"/>	HOMEMAKER_BEFORE_RESF	GENERAL INFORMATION	The patient used to be a homemaker
54	<input checked="" type="checkbox"/>	OTHER_WORK_BEFORE_RESF	GENERAL INFORMATION	The patient used to have another type of occupation than those mentioned above
55	<input type="checkbox"/>	PATIENT_INCOME_RESF	GENERAL INFORMATION	What is the patient's annual income?
56	<input type="checkbox"/>	NOT_MEDICAL_ECD_NAFKAM_RESF	STATUS IN RESF	This course of disease is assessed by NAFKAM as not medical exceptional course of disease

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57	<input type="checkbox"/>	POSSIBLE_MED_ECD_NAFKAM_RESF	STATUS IN RESF	This course of disease is assessed by NAFKAM as possible medical exceptional course of disease
58	<input type="checkbox"/>	NOT_MEDICAL_ECD_EXPERT_RESF	STATUS IN RESF	This course of disease is assessed by expert as not medical exceptional course of disease
59	<input type="checkbox"/>	POSSIBLE_MED_ECD_EXPERT_RESF	STATUS IN RESF	This course of disease is assessed by expert as possible medical exceptional course of disease
60	<input type="checkbox"/>	MEDICAL_ECD_EXPERT_RESF	STATUS IN RESF	This course of disease is assessed by expert as medical exceptional course of disease
61	<input type="checkbox"/>	EXPERT_OTHER_RESF	STATUS IN RESF	This course of disease is assessed by expert as not belonging to any of the three previous categories
62	<input checked="" type="checkbox"/>	MEDICAL_DIAGNOSIS_RESF	DIESEASE HISTORY	Did the patient get a medical diagnosis or disease description from a doctor or a hospital?
63	<input checked="" type="checkbox"/>	DIAGNOSIS_1_RESF	DIESEASE HISTORY	What is the first medical diagnosis registered?
64	<input type="checkbox"/>	DIAGNOSIS_2_RESF	DIESEASE HISTORY	What is the second medical diagnosis registered?
65	<input type="checkbox"/>	DIAGNOSIS_3_RESF	DIESEASE HISTORY	What is the third medical diagnosis registered?
66	<input type="checkbox"/>	DIAGNOSIS_4_RESF	DIESEASE HISTORY	What is the fourth medical diagnosis registered?
67	<input type="checkbox"/>	DIAGNOSIS_5_RESF	DIESEASE HISTORY	What is the fifth medical diagnosis registered?
68	<input checked="" type="checkbox"/>	YEAR_OF_DIAGNOSIS_1_RESF	DIESEASE HISTORY	What year was the first medical diagnosis given?
69	<input type="checkbox"/>	YEAR_OF_DIAGNOSIS_2_RESF	DIESEASE HISTORY	What year was the second medical diagnosis given?
70	<input type="checkbox"/>	YEAR_OF_DIAGNOSIS_3_RESF	DIESEASE HISTORY	What year was the third medical diagnosis given?
71	<input type="checkbox"/>	YEAR_OF_DIAGNOSIS_4_RESF	DIESEASE HISTORY	What year was the fourth medical diagnosis given?
72	<input type="checkbox"/>	YEAR_OF_DIAGNOSIS_5_RESF	DIESEASE HISTORY	What year was the fifth medical diagnosis given?
73	<input type="checkbox"/>	AT_BY_MD_RESF	DIESEASE HISTORY	Has the medical doctor who diagnosed the patient given alternative (non-conventional) treatment?
74	<input type="checkbox"/>	AT_BY_DIFFERENT_MD_RESF	DIESEASE HISTORY	Did the patient receive alternative (non-conventional) treatment by a different medical doctor than the one who gave the diagnosis?
75	<input type="checkbox"/>	DIFFERENT_DIAGNOSIS_RESF	DIESEASE HISTORY	If the patient received alternative (non-conventional) treatment by a different medical doctor than the one who gave the diagnosis, did this doctor give a different diagnosis than the first one?
76	<input type="checkbox"/>	TYPE_DIAGNOSIS_2ND_MD_RESF	DIESEASE HISTORY	Which diagnosis/es was/were given?

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77	<input type="checkbox"/>	DIAGNOSED_BY_AP_RESF	DIESEASE HISTORY	Has an alternative practitioner given a diagnosis or description of the disease?
78	<input type="checkbox"/>	TYPE_ALTERNATIVE_DIAGN_RESF	DIESEASE HISTORY	Which diagnosis/es or disease description/s has/have been given by an alternative practitioner?
79	<input type="checkbox"/>	PATIENT_PROBLEM_DESCR_RESF	DIESEASE HISTORY	What does the patient think was the health problem in connection with the exceptional course of disease?
80	<input type="checkbox"/>	REASON_EXCEPTIONAL_RESF	DIESEASE HISTORY	What makes the patient's course of disease exceptionally good or bad?
81	<input type="checkbox"/>	USE_OF_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	Has the patient used conventional medical treatment in connection with the exceptional course of disease?
82	<input type="checkbox"/>	OPERATION_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has had an operation
83	<input type="checkbox"/>	RADIATION_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received radiation treatment
84	<input type="checkbox"/>	CHIROPOPRACTOR_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received chiropractic treatment
85	<input type="checkbox"/>	PHYSIO_THERAPY_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received physio therapy
86	<input type="checkbox"/>	PSYCHOLOGIST_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has been treated by a psychologist
87	<input type="checkbox"/>	DIETARY_ADVICE_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received dietary advice by health personnel
88	<input type="checkbox"/>	PRESCR_DRUGS_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received prescription drugs including cytotoxins, hormones, etc
89	<input type="checkbox"/>	NON_PRESCRIPTION_DRUGS_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received non-prescription drugs including vitamins and minerals
90	<input type="checkbox"/>	OTHER_MEDICAL_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient has received other types of medical treatment
91	<input type="checkbox"/>	DESCRIPTION_OTHER_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	What kind of other conventional treatment has the patient received?
92	<input type="checkbox"/>	YEAR_START_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	Which year did the conventional treatment start?
93	<input type="checkbox"/>	CM_COMPLETED_RESF	CONVENTIONAL MEDICAL TREATMENT	Did the patient complete the conventional treatment?
94	<input type="checkbox"/>	YEAR_CM_ENDED_RESF	CONVENTIONAL MEDICAL TREATMENT	What year was the conventional treatment completed?
95	<input type="checkbox"/>	POS_EFFECTS_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	Did the patient experience positive effects of the conventional treatment?
96	<input type="checkbox"/>	TYPE_POSITIVE_EFFECTS_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	Which positive effects of the conventional treatment did the patient experience?
97	<input type="checkbox"/>	NEGATIVE_EFFECTS_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	Did the patient experience negative effects of the conventional treatment?

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98	<input type="checkbox"/>	TYPE_NEG_EFFECTS_CM_RESF	CONVENTIONAL MEDICAL TREATMENT	What negative effects of the conventional treatment did the patient experience?
99	<input type="checkbox"/>	TREATMENTS_GIVEN_UP_RESF	CONVENTIONAL MEDICAL TREATMENT	Did the patient choose to give up any conventional treatments?
100	<input type="checkbox"/>	GAVE_UP_OPERATION_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up operation
101	<input type="checkbox"/>	GAVE_UP_RADIATION_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up radiation
102	<input type="checkbox"/>	GAVE_UP_CHIROPOACTOR_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up chiropractic treatment
103	<input type="checkbox"/>	GAVE_UP_PHYSIO_THERAPY_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up physio therapy
104	<input type="checkbox"/>	GAVE_UP_PSYCHOLOGIST_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up seeing a psychologist
105	<input type="checkbox"/>	GAVE_UP_DIETARY_ADVICE_RESF	CONVENTIONAL MEDICAL	The patient chose to give up dietary advice
106	<input type="checkbox"/>	GAVE_UP_PRESCR_DRUGS_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up prescription drugs
107	<input type="checkbox"/>	GAVE_UP_NON_PRESCR_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up non-prescription drugs
108	<input type="checkbox"/>	GAVE_UP_OTHER_MEDICAL_RESF	CONVENTIONAL MEDICAL TREATMENT	The patient chose to give up other treatments
109	<input type="checkbox"/>	WHY_TREATM_GIVEN_UP_RESF	CONVENTIONAL MEDICAL TREATMENT	Why did the patient choose to give up this/these treatment/s?
110	<input type="checkbox"/>	USE_OF_AT_RESF	ALTERNATIVE TREATMENT	Did the patient use alternative treatment?
111	<input type="checkbox"/>	HOMEOPATHY_RESF	ALTERNATIVE TREATMENT	The patient used homeopathy
112	<input type="checkbox"/>	REFLEXOLOGY_RESF	ALTERNATIVE TREATMENT	The patient used reflexology
113	<input type="checkbox"/>	ACUPUNCTURE_RESF	ALTERNATIVE TREATMENT	The patient used acupuncture
114	<input type="checkbox"/>	NATUROPATHY_RESF	ALTERNATIVE TREATMENT	The patient used naturopathy
115	<input type="checkbox"/>	MASSAGE_RESF	ALTERNATIVE TREATMENT	The patient used massage/aromatherapy
116	<input type="checkbox"/>	ROSEN_METHOD_RESF	ALTERNATIVE TREATMENT	The patient used the rosen method
117	<input type="checkbox"/>	CRANIOSACRAL_RESF	ALTERNATIVE TREATMENT	The patient used craniosacral therapy
118	<input type="checkbox"/>	ART_THERAPY_RESF	ALTERNATIVE TREATMENT	The patient used art therapy
119	<input type="checkbox"/>	GESTALT_THERAPY_RESF	ALTERNATIVE TREATMENT	The patient used gestalt therapy
120	<input type="checkbox"/>	SPIRITUAL_HEALING_RESF	ALTERNATIVE TREATMENT	The patient used healing
121	<input type="checkbox"/>	RELIGIOUS_HEALER_RESF	ALTERNATIVE TREATMENT	The patient used religious healer
122	<input type="checkbox"/>	DIETARY_ADVICE_RESF	ALTERNATIVE TREATMENT	The patient used nutritional therapy
123	<input type="checkbox"/>	KINESIOLOGY_RESF	ALTERNATIVE TREATMENT	The patient used kinesiology
124	<input type="checkbox"/>	LIGHTNING_PROCESS_RESF	ALTERNATIVE TREATMENT	The patient used lightning process
125	<input type="checkbox"/>	HERBS_ETC_RESF	ALTERNATIVE TREATMENT	The patient used herbs and food supplements
126	<input type="checkbox"/>	YOGA_RESF	ALTERNATIVE TREATMENT	The patient used yoga

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127	<input type="checkbox"/>	MEDITATION_RESF	ALTERNATIVE TREATMENT	The patient used meditation
128	<input type="checkbox"/>	NAPRAPATHY_RESF	ALTERNATIVE TREATMENT	The patient used naprapathy
129	<input type="checkbox"/>	ANTHROPOSOPHIC_RESF	ALTERNATIVE TREATMENT	The patient used anthroposophic medicine
130	<input type="checkbox"/>	SHIATSU_RESF	ALTERNATIVE TREATMENT	The patient used shiatsu
131	<input type="checkbox"/>	QIGONG_RESF	ALTERNATIVE TREATMENT	The patient used qigong
132	<input type="checkbox"/>	AYURVEDIC_RESF	ALTERNATIVE TREATMENT	The patient used ayurvedic medicine
133	<input type="checkbox"/>	OTHER_TREATMENT_RESF	ALTERNATIVE TREATMENT	The patient used other type/s of alternative treatment/s
134	<input type="checkbox"/>	WHAT_OTHER_AT_RESF	ALTERNATIVE TREATMENT	What other type/s of alternative treatment/s did the patient use?
135	<input type="checkbox"/>	YEAR_START_AT_RESF	ALTERNATIVE TREATMENT	What year did the alternative treatment start?
136	<input type="checkbox"/>	COMPLETED_AT_RESF	ALTERNATIVE TREATMENT	Has the patient completed the alternative treatment?
137	<input type="checkbox"/>	YEAR_COMPLETED_AT_RESF	ALTERNATIVE TREATMENT	What year was the alternative treatment completed?
138	<input type="checkbox"/>	MOST_IMPORTANT_AP_RESF	ALTERNATIVE TREATMENT	Which alternative practitioner was the most important for this course of disease?
139	<input type="checkbox"/>	MOST_IMPORTANT_AT_RESF	ALTERNATIVE TREATMENT	Which alternative treatment method was the most important for this course of disease?
140	<input type="checkbox"/>	POS_EFFECTS_AT_RESF	ALTERNATIVE TREATMENT	Did the patient experience positive effects of the alternative treatment?
141	<input type="checkbox"/>	TYPE_POS_EFFECTS_AT_RESF	ALTERNATIVE TREATMENT	Which positive effects of the alternative treatment did the patient experience?
142	<input type="checkbox"/>	NEG_EFFECTS_AT_RESF	ALTERNATIVE TREATMENT	Did the patient experience negative effects of the alternative treatment?
143	<input type="checkbox"/>	TYPE_NEG_EFFECTS_AT_RESF	ALTERNATIVE TREATMENT	Which negative effects of the alternative treatment did the patient experience?
144	<input type="checkbox"/>	AT_BEFORE_THIS_RESF	ALTERNATIVE TREATMENT	Did the patient use alternative treatment before this course of disease?
145	<input type="checkbox"/>	POS_EFFECTS_AT_BEFORE_RESF	ALTERNATIVE TREATMENT	Did the patient experience positive effects of the alternative treatment used before this course of disease?
146	<input checked="" type="checkbox"/>	CHANGES EVERYDAY_RESF	PATIENT'S OWN EFFORTS	Did the patient make any changes in everyday life that might have had an effect on this course of disease?
147	<input checked="" type="checkbox"/>	WHAT_CHANGES EVERYDAY_RESF	PATIENT'S OWN EFFORTS	Description of changes made in everyday life that might have had an effect on this course of disease

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148	<input checked="" type="checkbox"/>	CHANGES_IMPORTANT_RESF	PATIENT'S OWN EFFORTS	Does the patient think that the changes made have been important in the achieved effect of the alternative treatment?
149	<input checked="" type="checkbox"/>	HOW_CHANGES_IMPORTANT_RESF	PATIENT'S OWN EFFORTS	Description of how the changes made have been important in the achieved effect of the alternative treatment
150	<input checked="" type="checkbox"/>	OTHER_CHANGES_RESF	PATIENT'S OWN EFFORTS	Have other changes taken place in the patient's life that have been important for this course of disease?
151	<input checked="" type="checkbox"/>	DESCRIPTION_OTHER_CHANGES_RESF	PATIENT'S OWN EFFORTS	Description of the other changes that have taken place that might have had an effect on this course of disease
152	<input checked="" type="checkbox"/>	REASON_FOR_ILLNESS_RESF	PATIENT'S OWN EFFORTS	Does the patient think there are reasons why she/he became ill?
153	<input checked="" type="checkbox"/>	WHAT_REASON_ILLNESS_RESF	PATIENT'S OWN EFFORTS	Why does the patient think she/he became ill?