

 H4SE37N - S15Q37N DX LST YR-ANY OTHER STD-W4

Type	Code
Measurement Unit	numeric
H4SE37N	37N. In the past 12 months, have you been told by a doctor, nurse, or other health professional that you had the following sexually transmitted disease? Select all of the diseases you have had. Any other sexually transmitted disease
0	not selected
1	selected