

 H4SE37L - S15Q37L DX LST YR-VAGINITIS-W4

Type	Code
Measurement Unit	numeric
H4SE37L	37L. 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. Vaginitis
0	not selected
1	selected