# H4SE37D - S15Q37D DX LST YR-SYPHILIS-W4

| Type | Code |
|---|---|
| Measurement Unit | numeric |
| H4SE37D | 37D. 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. Syphilis |

| | |
|---|---|
| 0 | not selected |
| 1 | selected |