

# McKesson Instructions

<u>Name</u>	<u>Spanish</u>	<u>English Level 9</u>	<u>English Level 5</u>
Abdominal Aortic Aneurysmectomy And Bypass	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain From Gallstones (Biliary Colic)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Achilles Tendon Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acne	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acne Rosacea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acne: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Bronchitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Bronchitis: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Diarrhea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Diarrhea: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Kidney Failure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Pancreatitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Acute Pancreatitis: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adhesions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advance Directives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Age-Related Macular Degeneration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agoraphobia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AIDS: Risk Factors And Prevention Of Transmission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AIDS-Associated Tumors	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Contrast Barium Enema	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol Dependence (Alcoholism)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol Withdrawal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alcohol-Related Problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alkaline Phosphatase Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Allergic Conjunctivitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Allergic Rhinitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alternative Or Complementary Ways To Control Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Altitude Sickness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Alzheimers Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amphetamine Dependence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amyotrophic Lateral Sclerosis (ALS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anaerobic Pneumonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anal Fissure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anal Fistula	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anemia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anesthesia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Angina	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Angiograms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Angioplasty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Animal And Human Bites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ankle Sprain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anorexia Nervosa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Antibiotic-Associated Diarrhea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Antinuclear Antibodies Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aortic Dissection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Appendicitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Argon Laser Trabeculoplasty	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ask About Your Medicines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aspirin And Heart Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asthma: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Astigmatism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Atherosclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Athletes Foot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Atrophic Vaginitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bacteria In Urine, No Symptoms (Asymptomatic Bacteriuria)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Bacterial Meningitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bacterial Vaginosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bakers Cyst	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Baldness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Balloon Valvotomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Barium X-Ray Exam: Esophagus, Stomach, And Upper Intestin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bells Palsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Benign Prostatic Hyperplasia (Enlarged Prostate)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bilateral Orchiectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bilirubin (Total) Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Biological Terrorism Agents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bipolar (Manic-Depressive) Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Birth Control Pills (Oral Contraceptives)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bladder Infection (Cystitis)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bladder Infection: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bladder Tumor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Calcium Level Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Chloride Level Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Creatinine Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Glucose Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Glutamate Pyruvate Transaminase (SGPT) Tes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Glutamic-Oxaloacetic Transaminase (SGOT) T	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Magnesium Level Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Phosphate Or Phosphorus Level Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Potassium Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood (Serum) Sodium Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood Pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boils And Carbuncles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bone Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Bone Mineral Density Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bone Scan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Botox Treatment Of Wrinkles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Cancer Metastasis In Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Cancer, Operable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Cancer: Follow-up After Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Cyst Drainage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Enlargement (Augmentation Mammoplasty)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Reconstruction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Reduction (Reduction Mammoplasty)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Removal (Modified Radical Mastectomy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast Self-Exam	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breathing Exercises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Broken Ankle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Broken Elbow (Olecranon Fracture)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Broken Leg (Leg Fracture)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bronchoscopy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bulimia Nervosa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUN (Blood Urea Nitrogen) Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bunion (Hallux Valgus)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bunion Removal (Bunionectomy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bursitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Calcific Tendonitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Calcium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Campylobacteriosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer Of The Brain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer Of The Esophagus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer Of The Larynx (Voice Box)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer Of The Pancreas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Cancer Of The Pharynx	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cancer Of The Tongue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Candidiasis (Yeast Infection)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Resuscitation (CPR)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carotid Artery Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carotid Endarterectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpal Tunnel Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carpal Tunnel Syndrome: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cast Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cat Scratch Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cataract	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cataract Extraction With Intraocular Lens Implantation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cellulitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cerebrovascular Insufficiency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cervical Cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cervical Dysplasia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cervicitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Changes In Sexual Arousal From Aging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical Terrorism Agents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chickenpox In Adults	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chlamydial Infection In Men	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chlamydial Infection In Women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Choking (Cafe Coronary)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cholecystectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cholecystostomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Bronchitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Fatigue Syndrome	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Kidney Failure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Name*** ***Spanish English Level 9 English Level 5***

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Chronic Obstructive Pulmonary Disease (COPD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Pancreatitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Venous Insufficiency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cirrhosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Classification Of Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean-Catch Urine Sample (Women)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clean-Catch Urine Specimen (Men)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Closed Reduction Of A Fracture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Closed-Angle Glaucoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cocaine Dependence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cocaine Intoxication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cocaine Withdrawal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coccidioidomycosis (Valley Fever)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cold Sores And Fever Blisters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapsed Lung: Injury-Related	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapsed Lung: Non-Injury-Related	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colon And Rectal Cancer, Metastatic (Spreading)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colon Or Rectal Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colonoscopy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colorectal Cancer Screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colostomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colposcopy Of The Vagina And Cervix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Common Bile Duct Exploration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Common Cold	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Common Duct Stones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication In Intimate Relationships	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compartment Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count Test (CBC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complications Of Diabetes: Foot Ulcers And Infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Complications Of Diabetes: Infections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complications Of Diabetes: Nerve Damage (Neuropathy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concussion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Congestive Heart Failure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact Dermatitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact Dermatitis: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contact Lenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coping With Arthritis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corneal Abrasions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Corns And Calluses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coronary Angiogram	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Bypass Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coronary Spasm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Costochondritis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crab Lice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creatine Kinase (Total) Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creatinine Clearance Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crohns Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crutches: How To Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CT Scanning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cystectomy For Men	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cystectomy For Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cystocele And Rectocele Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cystocele Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cystoscopy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deep Vein Thrombosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delirium Tremens	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Depo-Provera	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Depression: Its Symptoms And Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diabetes And Midlife Sexuality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diabetic Ketoacidosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diabetic Retinopathy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laparoscopy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laparoscopy For Chronic Abdominal Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laparoscopy For Liver Cancer Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laparoscopy For Liver Defect	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laparoscopy For Organ Examination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diagnostic Laparoscopy For Peritoneal Fluid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dilation And Curettage (D&C), Diagnostic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dislocated Ankle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dislocated Elbow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dislocated Knee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dislocated Shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diverticulitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diverticulosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diverticulosis Diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dry Eye Syndrome	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duodenal Ulcer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duodenal Ulcer: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dupuytren's Contracture Release For The Hand	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ear Surgery: Stapedectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eating Healthy Snacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Echocardiogram	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eczema	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Eczema: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical Cardioversion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrocardiogram (ECG Or EKG)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electroencephalogram (EEG)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Birth Control (Morning-After Pill)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endometriosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endoscopic Retrograde Cholangiopancreatography (ERCP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endoscopy Of The Chest (Mediastinoscopy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endoscopy Of The Esophagus, Stomach, And Duodenum (Eso	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endoscopy Of The Large Intestine (Sigmoidoscopy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Epididymitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Erectile Dysfunction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Erythema Multiforme And Stevens-Johnson Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Esophageal Dilatation With Bougies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Esophageal Varices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excision Of A Skin Lesion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Excisional Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise To Stay Healthy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise To Stay Healthy: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise-Induced Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exophthalmos	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye Flashes And Floaters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye Medicines: Eyedrops And Ointments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyelid Twitch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fainting (Syncope)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Female Condom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Female Infertility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Name*** ***Spanish*** ***English Level 9*** ***English Level 5***

Female Sterilization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fibrocystic Breast Changes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finger Or Toe Amputation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Finger Sprain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Aid For First-Degree Burns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Aid For Second-Degree Burns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
First Aid For Third-Degree Burns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flatulence (Gas)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flu Shots (Influenza Vaccine)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Allergy Testing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Poisoning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Poisoning: Botulism	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Poisoning: Gastrointestinal Amebiasis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Poisoning: Salmonellosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Poisoning: Shigellosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food Poisoning: Trichinosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forearm Fracture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frostbite	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FSH Blood Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gallbladder Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ganglion Cyst	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ganglion Cyst Removal (Ganglionectomy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gas Permeable Contact Lenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gastritis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gastrostomy Feeding Tube Placement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genetic Screening Before Or During Pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genital Herpes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genital Warts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Getting Ready For Pregnancy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Giardiasis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gingivitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gonorrhea And Chlamydia Tests	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gout	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Graves Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grief And Loss	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin (Inguinal) Hernia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin (Inguinal) Hernia Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Groin Hernia: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gross Obesity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guillain-Barré Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hallucinogen Dependence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hammertoe Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hay Fever	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazards Of Smoking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Head Lice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Head Trauma, Minor	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Headaches And Eye Problems	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEALTH CARE TREATMENT DIRECTIVE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Checkups For Men: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Checkups For Older Women: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Maintenance: Controlling Cholesterol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart Attack: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart Catheterization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart Murmur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart Valve Replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Heartburn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heatstroke	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Helicobacter Pylori	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Help For The Battered Woman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematemesis (Upper Gastrointestinal Bleeding)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hematuria (Blood In Urine)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hemochromatosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hemoglobin A1c Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hemorrhoid Banding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hemorrhoidectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hemorrhoids	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hemorrhoids: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Herniated Disk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hiatal Hernia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure (Essential Hypertension)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure: Eating Foods Low In Salt: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure: Keeping A Healthy Weight: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure: Low-Sodium Diet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure: Secondary Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure: Weight Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Cholesterol (Hypercholesterolemia)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High-Density Lipoprotein (HDL) Cholesterol Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hip Fracture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Histoplasmosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIV Infection And AIDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIV Infection From Blood Transfusions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
HIV-1 Antibody Test (ELISA And Western Blot)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoarseness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hodgkins Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hormone Replacement Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hormone Replacement Therapy: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hot Flashes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How To Choose And Use A Cane	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How To Take Care Of Your Teeth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hyperventilation Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hypocalcemia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hypothermia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ice Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Incision And Drainage Of A Joint	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Incisional Breast Biopsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Induced Abortion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Indwelling Catheter Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infectious Mononucleosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infertility In Men: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Infertility In Women: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Influenza	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ingrown Toenail	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inhalant Dependence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Name*** ***Spanish English Level 9 English Level 5***

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Instructions For The Patient Before And After Surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Insulin-Reaction Hypoglycemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intrauterine Device (IUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Iron	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Irritable Bowel Syndrome (IBS): Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Irritable Bowel Syndrome (Spastic Colon)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IVP (Intravenous Pyelogram)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jet Lag	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joint Fusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Keeping Healthy: Taking Care Of Your Cholesterol: Brief Versi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kegel Exercises For Bladder Control	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kegel Exercises: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kidney Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kidney Cancer (Renal Cell Cancer)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kidney Dialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kidney Stones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knee Fracture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Labyrinthitis And Vestibular Neuritis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lactose Intolerance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laminectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laparoscopic Cholecystectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Large Bowel Obstruction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laryngitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laser Surgery For Age-Related Macular Degeneration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lateral Collateral Ligament Sprain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lateral Epicondylitis (Tennis Elbow)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legionnaires Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leukemia: Chronic Lymphocytic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leukemia: Chronic Myelogenous	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Lipid Panel Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lithotripsy For Gallstones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lithotripsy For Kidney Stones	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liver Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liver Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liver Panel Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIVING WILL DECLARATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Losing Weight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Back Pain Exercises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low Back Pain: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lumbar Puncture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lumpectomy And Axillary Lymph Node Excision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lung Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lung Scan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lyme Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Magnetic Resonance Imaging (MRI)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Malaria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Male Condom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Male Infertility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mammograms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medial Collateral Ligament Sprain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicine-Related Problems In Older Adults	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Melanoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Menieres Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Meniscal (Cartilage) Tear	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Menopause	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Menstrual Cramps (Dysmenorrhea)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Metered-Dose Inhaler Used With An Aerochamber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Metered-Dose Inhalers (MDI): How To Use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Methods Of Contraception: Summary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Microalbumin Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Middle Ear Infection (Otitis Media)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Migraine Headache	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Migraine Headache: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Missed Menstrual Periods (Amenorrhea)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Missed Period (Amenorrhea): Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mitral Valve Prolapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mitral Valve Stenosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mortons Neuroma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Myeloma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Muscle Spasms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Muscle Strains	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Myelodysplastic Syndromes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Myocardial Infarction (Heart Attack)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Narcotic Drug Dependence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Narcotic Drug Withdrawal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nasal Polyps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nasal Septum Reconstruction (Septoplasty)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Natural Family Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Navicular (Scaphoid) Fracture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nearsightedness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck Spasms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neck Strain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Needle Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Needle Core Biopsy Of The Breast	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neutropenia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nicotine Dependence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nicotine Withdrawal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Norplant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nose Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nose Reconstruction (Rhinoplasty)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nosebleed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obesity And Diet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obsessive-Compulsive Disorder (OCD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Open-Angle Glaucoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oral Cholecystogram	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Osteomyelitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Osteoporosis In Women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Otitis Externa (Swimmers Ear)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overdose Of Sedatives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pacemaker Implantation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pain With Sexual Relations In Older Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Panel-7 Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Panic Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pap Smear (Cervical Smear)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parathyroidectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parkinsons Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parotidectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Partial Cystectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patellar Tendonitis (Jumpers Knee)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peak Flow Meter: How To Monitor Asthma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pelvic Inflammatory Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Penetration And Perforation Of Ulcers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pericarditis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Periodontal Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peripheral Artery Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

***Name*** ***Spanish*** ***English Level 9*** ***English Level 5***

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
PET Scan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Phencyclidine Hydrochloride (PCP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical And Hormonal Changes In Older Men	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pilonidal Cystectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pingueculum And Pterygium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plantar Fasciitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plantar Warts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pleural Effusion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pleurisy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poison Ivy, Sumac, And Oak	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Polyyps In The Colon (Colonic Polyyps)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Postmenopausal Bleeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Post-Polio Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Post-Traumatic Stress Disorder (PTSD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premature Ejaculation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premenstrual Syndrome (PMS) And Premenstrual Dysphoric D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Presbyopia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure Ulcers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preventing Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Problems Of Sexuality As We Age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prostate Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prostate Cancer Metastasis (Spread)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prostate Specific Antigen Screening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prostatitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prothrombin Time Test (PT) And INR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PSA Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psoriasis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychological And Social Problems Of Sexuality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychotherapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Pulmonary Embolism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulmonary Fibrosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pyelonephritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rabies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation Therapy Simulation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radical Nephrectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rape	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Raynauds Phenomenon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rectal Bleeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reflux Esophagitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restless Leg Syndrome (RLS)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retinal Detachment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retroperitoneal Lymph Node Biopsy By Needle Aspiration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rhabdomyolysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rheumatoid Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rheumatoid Factor Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rib Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ringworm	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk Factors For Alcohol Abuse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Root Canal Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rotator Cuff Injury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Routine Health Care For Men	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Routine Health Care For Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ruptured Eardrum (Perforated Tympanic Membrane)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safe Use Of Medicines For The Older Adult	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safekeeping And Safe Use Of Medicines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Salt In The Diet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Scabies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Schizophrenia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sciatica	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Scleroderma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Scrapes And Scratches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Seborrheic Dermatitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sedative Drug Dependence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Seizures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Seizures: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Serum Iron Studies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Severe Allergic Reaction (Anaphylactic Shock)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex After A Heart Attack	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Abstinence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shingles (Herpes Zoster)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shots For Travel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shoulder Bursitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shoulder Separation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Simple Nephrectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinus Headache	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinusitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin (Cutaneous) Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin Or Soft Tissue Abscess	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sleep Apnea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Small Bowel Obstruction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Snoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Soft Contact Lenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Soft Tissue Sarcoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sources Of Some Essential Nutrients In A Vegetarian Diet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Spermicides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spinal Cord Injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Split Thickness Skin Graft	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sprains	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stomach Cancer (Gastric Cancer)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stomach Cancer Metastasis (Spreading)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stomach Flu (Viral Gastroenteritis)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stomach Ulcer (Gastric Ulcer)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stomach Ulcer: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strep Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strep Throat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Streptococcal Pneumonia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Echocardiogram	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Incontinence In Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Management: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Management: Deep Breathing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Management: Mental Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stress Management: Progressive Muscle Relaxation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stroke (Cerebrovascular Accident)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stroke: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stye	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subclavian Venous Infusion Catheter With External Lumen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subclavian Venous Infusion Catheter With Implantable Target	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subconjunctival Hemorrhage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suicide	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sunburn	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sunglasses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Superficial Thrombophlebitis (ST)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surgery For Glaucoma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Surgery To Set A Broken Bone	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surgical Valvuloplasty	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suture And Wound Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Systemic Lupus Erythematosus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tachycardia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temporomandibular Joint (TMJ) Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tension Headache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Testicular Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Testicular Cancer Metastasis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Testicular Exploration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tests For Pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tetanus Vaccine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Healthy Diet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Healthy Diet: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Role Of Exercise In Treating Obesity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thyroid Scan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thyroidectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thyroid-Stimulating Hormone (TSH) Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thyroxine (T4) Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tonsil Removal (Tonsillectomy)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tooth Abscess	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tooth Decay	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toothache	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Ankle Replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Cholesterol Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Hip Replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Knee Replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Total Shoulder Replacement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Touching In Renewing Sexuality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Toxic Shock Syndrome	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trabeculectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tracheostomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transesophageal Echocardiogram	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transient Ischemic Attack (TIA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transurethral Bladder Biopsy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transurethral Bladder Tumor Resection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transurethral Prostatectomy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travelers Diarrhea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trigger Finger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Triglycerides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type 1 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Type 2 Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ulcerative Colitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ultrasound Scanning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unexplained Weight Loss	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Universal Precautions Against Infectious Diseases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urethral Syndrome	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urethritis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary Incontinence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Cancer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Cancer Metastasis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Infection In Men	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary Tract Infection In Women	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urine Culture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vaginal Contraceptive Ring (NuvaRing)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vaginitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Varicose Veins	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<i>Name</i>	<i>Spanish</i>	<i>English Level 9</i>	<i>English Level 5</i>
Vasectomy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vasomotor Rhinitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vegetarian Diet (Adults)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Viral Hepatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Viral Meningitis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Viral Or Bacterial Conjunctivitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Viral Sore Throat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vitamin B12 Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vocal Cord Lesions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Warning Signs Of Heart Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ways To Quit Smoking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Withdrawal Method Of Birth Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wrist Fracture	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wrist Sprain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
X-Rays And Radiographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yersiniosis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
You Can Quit Smoking: Brief Version	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>