Today's Date: ___ ___ /___ ___/ ___ ___ month day year 104.49	Patient ID |_____| Physician ID |_____| Clinic ID |_____| 0.0.0, 104.52, 104.53

Health Behaviors Form

INSTRUCTIONS:
In order to get the most accurate results, answer as many questions as possible.

1. What is your height? (without shoes, no fractions) ____ feet __ __ inches 100.110
2. What is your weight? (without shoes, no fractions) ___ ___ ___ pounds

3. How many cigars do you usually smoke per day? __ __ (0 if none) 1.235

4. How many pipes of tobacco do you usually smoke per day? __ __ (0 if none) 1.238

5. How many times per day do you usually use smokeless tobacco?
(chewing tobacco, snuff, pouches, etc.) __ __ (0 if none) 1.236

6. How would you describe your cigarette smoking habits? 104.236
   a. ____ Never Smoked
   b. ____ Still smoke
      1. How many cigarettes do you smoke a day? ___ ___

   c. ____ Used to smoke
      1. How many years has it been since you smoked regularly? ___ ___
      2. What was the average number of cigarettes per day you smoked during the 2 years before you quit? ___ ___

7. a. How many drinks of alcoholic beverages do you have in a typical week? ____ ____ (0 if none)
   b. How many days per week do you drink alcoholic beverages? ____ ____ (0 if none) 104.237

8. In an average week, how many times do you engage in physical activity? (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster)
   a. ____ 0
   b. ____ 1-2 times per week
   c. ____ 3 times per week 104.238
   d. ____ more than 3 times per week

9. Do you usually eat foods that are high in cholesterol or fat, such as fatty meat, cheese, fried food or eggs?
   ____ YES
   ____ NO 104.239

10. Have you ever received the pneumonia vaccine (pneumovax)?
   ____ YES
   ____ NO 104.240

11. Have you received a flu vaccination this year?
   ____ YES
   ____ NO 104.241