



## Baseline Evaluation - Patient (Adult)

Patient ID \_\_\_\_ - \_\_ ID \_\_\_\_ - \_\_\_\_

Date of Evaluation: **DOEDATE**

**Instructions:** This questionnaire asks about you and your behaviors. Please read each question carefully and then answer each question as completely and honestly as possible.

### SECTION I: DEMOGRAPHICS

Form completed by (check all that apply):

Patient **COMP**  Coordinator **COMC**  Interpreter **COMI**  
 Family member/friend **COMF**  Other **COMO**

- Gender: 1  Male 2  Female **SEX**
- Date of birth (mm/dd/yyyy): **DOB** / **DOB** / **DOBY**
- Do you consider yourself to be Hispanic or Latino?  Yes  No  Prefer not to answer **HISP**
- What race are you (check all that apply)? **RPRACE**  
 White or Caucasian **RACEW**  American Indian or Alaska Native **RACEI**  
 Black or African-American **RACEB**  Native Hawaiian or other Pacific Islander **RACEH**  
 Asian **RACEA**  Other \_\_\_\_\_ **RACEO / RACEOS**  
 Prefer not to answer **RACER**
- What is your current marital status? **MARITAL**  
1  Never married  
2  Married or Living in a marriage-like relationship  
3  Widowed  
4  Divorced or Separated  Prefer not to answer
- Which of these categories best represent your total annual household income? **INCOME**  
1  less than \$25,000  
2  \$25,000 - \$49,999  
3  \$50,000 - \$74,999  
4  \$75,000 - \$99,999  
5  \$100,000 - \$199,999  
6  more than \$200,000  Prefer not to answer

### SECTION II: HEALTH BEHAVIOR

- Have you ever, or do you currently, use a tobacco product (cigarette, cigar, smokeless tobacco)? **TOBACCO**  
1  Currently use a tobacco product  
2  Formerly used a tobacco product  
What year did you stop using the tobacco product (yyyy): \_\_\_\_\_ **TOBACSY**  
3  Never used a tobacco product
- How often have you used marijuana, hash, THC or grass during the last year? **MARIJ**  
0  None  
1  Once or twice  
2  Less than once per month  
3  Monthly but less than once a week  
4  Once or twice a week  
5  Daily or almost every day
- How many cups of coffee did you typically drink per day in the past year? **COFFEE**  
(One "cup" equals 8 oz, hot or cold. Count Espresso and other coffee beverages even though a cup may not be a full 8 ozs)  
0  None  
1  Occasionally, less than 1 per day  
2  1 per day  
3  2 per day  
4  3 or 4 per day  
5  More than 4 per day



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4. How many cups of tea (black or green) did you typically drink per day in the past year? **TEA**  
(One cup of tea equals 8 ounces, hot or cold, and includes black or green tea)
- 0  None  
1  Occasionally, less than 1 per day  
2  1 per day  
3  2 per day  
4  3 or 4 per day  
5  More than 4 per day
5. Have you had 12 or more drinks of any kind of alcohol beverage over the course of your lifetime? **ALQLIFE**  
(One "drink" would be either a 12-ounce beer, a 4-ounce glass of wine, or a 1 ounce [a shot] of liquor)
- Yes  
 No *Please skip questions 6 through 10 and go to question #11*
6. Have you had a total of 12 or more drinks of any kind of alcohol, **in the past 12 months?** **ALQ12MO**
- Yes  
 No *Please skip questions 7 through 10 and go to question #11*
7. On average, did you drink alcohol at least once a week, **in the past 12 months?** **ALQWK**
- Yes  
 No *Please skip questions 8 through 10 and go to question #11*
8. How many days of the week did you drink alcohol, **in the past 12 months?** **ALQDAY**  
\_\_\_\_\_ days a week
9. On the days that you drank alcohol, about how many drinks did you have a day? **ALQAMT**  
\_\_\_\_\_ alcohol drinks a day
10. About how many days of the month did you have 5 or more drinks of alcohol on a single day, **in the past 12 months?** **ALQBIND**  
\_\_\_\_\_ days a month
11. Were there ever times in your life when you drank 5 or more drinks of alcohol almost every day? **ALQBINL**
- Yes  
 No

***Thank you for completing this questionnaire!***