

Revision of 10/01/2002 ID _____ Date ____/____/____

Current drinking status:

13. Usual number of drinks of wine, beer or alcohol during an average week *Drinks - no*
(0 if none, 14 if 2 drinks per day, etc.)
(A drink is 4 oz or wine, a can of beer, or 1.5 oz of hard liquor)

Current recreational IV drug use

14. Have you used recreational IV drugs in the past year (0=no, 1=yes, 3=refuses to answer) : *IV - drugs*

Current exercise status:

15. Exercise frequency (times per week) *EXER - freq*
16. Exercise duration (minutes per exercise period) *EXER - dur*

200. Date this form completed (mm/dd/yyyy) *Compl - DT*
201. Certification ID of person completing this form *Compl - BY*

For Clinical Center Use Only:

Certification ID of person entering this form: _____
Date Entered: ____/____/____