



Revision of 10/01/2002 ID \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Current drinking status:**

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

**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) .....  
Comp - dt

201. Certification ID of person completing this form .....  
Comp - by

**For Clinical Center Use Only:**

Certification ID of person entering this form: \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_