



## Health Behavior Questionnaire (Pediatric)

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

Date of Evaluation: **DOEDATE**

Protocol timepoint (see codes): **TMPT**

**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.

1. 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
2. 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
3. How many cups of coffee did you typically drink per day in the past year? (One "cup" equals 8 oz, hot or cold. Count espresso and other coffee beverages even though a cup may not be a full 8 ounces) **COFFEE**
  - 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
4. How many cups of tea (black or green) did you typically drink per day in the past year? (One cup of tea equals 8 ounces, hot or cold, and includes black or green tea) **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 a total of 12 or more drinks of any kind of alcohol, in the past 12 months? (One "drink" would be either a 12-ounce beer, a 4-ounce glass of wine, or a 1 ounce [a shot] of liquor) **ALQ12MO**
  - Yes
  - No Please skip questions 6 through 9
6. On average, did you drink alcohol at least once a week, in the past 12 months? **ALQWK**
  - Yes
  - No Please skip question 7 through 9
7. How many days of the week did you drink alcohol, in the past 12 months? **ALQDAY**  
\_\_\_\_\_ days a week
8. On the days that you drank alcohol, about how many drinks did you have a day? **ALQAMT**  
\_\_\_\_\_ alcohol drinks a day
9. 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

Form completed by  
(check all that apply):

- Patient **COMP**
- Parent/caregiver **COMT**
- Coordinator **COMC**
- Interpreter **COMI**
- Family member/friend **COMF**
- Other **COMO**

**Thank you for completing this questionnaire!**