



Health Behavior Questionnaire (Pediatric)

General Instructions

The Health Behavior Questionnaire captures tobacco, marijuana, coffee, tea and alcohol use during the past year. If the questionnaire is completed on-line, the system will allow the patient to enter "Unknown" or "Refused" responses for the health behavior questions.

This form is completed by patients at least 12 years of age and older and is completed at the Baseline visit and the annual follow-up visits, at weeks 48, 96, 144, 192, 240, and 288.

The questionnaire is self-explanatory and the patient should be asked to complete it without additional instructions or assistance. Parents/caregivers should be instructed to not assist the patient in completion of the questionnaire. The clinical coordinator should not attempt to interpret, elaborate upon, or rephrase questions. If the patient asks for assistance from the clinical coordinator, the coordinator should encourage the patient to do his/her best to complete the form on his/her own.

The questionnaire will be available in multiple languages. For patients not fluent in English, a translated version of the questionnaire should be used if available or the information may be obtained via interview by a certified translator. If the patient is unable to understand the questions because of educational, cultural or language difficulties, and a trained translator is not available, the parent/caregiver should not assist the patient in completing the form or complete the form on behalf of the patient. In this situation, the questionnaire may not be completed at the visit.

The questionnaire is designed to be completed on-line via the HBRN web-based system. If completed on-line, the coordinator will initialize the session for the patient. The patient will complete the questionnaire and then turn the session over to the coordinator. The coordinator will have the opportunity to review incomplete items with the patient before exiting the session. The system will follow the skip pattern indicated on the form. If the questionnaire is completed on paper, the coordinator should review the questionnaire for completeness while the patient is still present.

Specific Instructions

Patient ID: Record the Patient ID number in the top right hand corner.

Date of Evaluation: Record the date (month/day/year) of the evaluation.

Protocol timepoint: Record the protocol timepoint that corresponds to the visit.

Form completed by: The patient should be encouraged to provide the information without assistance. For patients not fluent in English, translated versions of the questionnaire may be used if available or the information may be obtained via interview by a certified translator.

Check all that apply to indicate who completed the form or how the information was obtained (patient, coordinator, interpreter, parent/caregiver, family member/friend or other).

Health Behaviors

Tobacco use: (a) Check the status of the patient's tobacco use. Tobacco products include but are not limited to cigarettes, cigars, and smokeless tobacco products such as chewing/dipping tobacco or snuff.

(b) If the patient formerly used tobacco, record the four digit year the patient stopped using tobacco products.



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- Marijuana use:** Check the appropriate category to indicate how often the patient used marijuana during the past year. Other terms used for marijuana include but are not limited to hash, THC, grass, or pot.
- Coffee use:** Check the appropriate category for the number of cups of coffee the patient typically drinks per day over the past year. One cup of coffee equals 8 ounces and includes hot or cold. Espresso and other types of coffee beverages should be counted, even though a cup may not be a full 8 ounces.
- Tea use:** Check the corresponding group for the number of cups of tea the patient typically drinks per day over the past year. One cup of tea equals 8 ounces and includes black or green tea and includes hot or cold.
- Alcohol, past 12 months:**
- (1) Check "Yes" or "No" to indicate if the patient had 12 or more drinks of any alcoholic beverages in the past 12 months. If "No", skip questions 6 through 9.
 - (2) Check "Yes" or "No" to indicate if the patient had an alcoholic beverage at least once a week in the past 12 months. If "No", skip questions 7 through 9.
 - (3) Record the number of days a week the patient had an alcoholic beverage during the past 12 months.
 - (4) Record the number of alcoholic drinks per day the patient had on the days the patient drank alcohol.
- 5 or more alcoholic beverages:** Record the number of days a month the patient had 5 or more alcoholic drinks on a single day in the past 12 months.