Baseline Evaluation - Patient (Adult)

Hepatitis B Research Network

Patient ID __ __ - __ __ __ __ - __ __ __

Date of Evaluation: ___ / ___ / _____

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 ☐ Coordinator ☐ Interpreter
☐ Family member/friend ☐ Other

1. Gender: 1 ☐ Male 2 ☐ Female

2. Date of birth *(mm/dd/yyyy)*: ___ /___ /____

3. Do you consider yourself to be Hispanic or Latino? ☐ Yes ☐ No ☐ Prefer not to answer

4. What race are you *(check all that apply)*?

   ☐ White or Caucasian
   ☐ Black or African-American
   ☐ Asian
   ☐ Prefer not to answer
   ☐ American Indian or Alaska Native
   ☐ Native Hawaiian or other Pacific Islander
   ☐ Other _____

5. What is your current marital status?

   1 ☐ Never married
   2 ☐ Married or Living in a marriage-like relationship
   3 ☐ Widowed
   4 ☐ Divorced or Separated ☐ Prefer not to answer

6. Which of these categories best represent your total annual household 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

1. Have you ever, or do you currently, use a tobacco product (cigarette, cigar, smokeless tobacco)?
   1 ☐ Currently use a tobacco product
   2 ☐ Formerly used a tobacco product
      What year did you stop using the tobacco product *(yyyy)*: _____
   3 ☐ Never used a tobacco product

2. How often have you used marijuana, hash, THC or grass during the last year?
   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 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

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)

    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?
    (*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**?

    ☐ 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**?

    ☐ 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**?

    _____ days a week

9. On the days that you drank alcohol, about how many drinks did you have a day?

    _____ 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**?

    _____ days a month

11. Were there ever times in your life when you drank 5 or more drinks of alcohol almost every day?

    ☐ Yes
    ☐ No

Thank you for completing this questionnaire!