Baseline Evaluation (Adult)

General Instructions

The Baseline Evaluation Patient Questionnaire should be completed by the patient at the time of the baseline evaluation. The questionnaire captures demographic and health behavior information.

The questionnaire is self-explanatory and the patient should be asked to complete it without additional instructions or assistance. 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 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 in the health behavior section of the form. If the questionnaire is completed on paper, the coordinator should review the health behavior section for completeness while the patient is still present. The system will allow the patient to enter "Unknown" or "Refused" responses for the health behavior questions.

Specific Instructions

Patient ID**:** Record the Patient ID number in the top right hand corner of each page.

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

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. If the patient is unable to understand the questions because of educational, cultural or language difficulties, and a trained translator is not available, help may be provided by the next of kin or friend. In these situations the person helping the patient can read the questions to the patient and record the answers, or supply the answers to the best of his/her knowledge.

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

Section I: Demographics

Gender: Check "Male" or "Female" for patient gender.

Date of birth: Record the date (month/day/year) of the patient's birth. If any part of the birth date is unknown, record "Unk" in that field and complete the remaining fields.

Ethnicity: Check "Yes" or "No" to indicate if the patient considers him/herself to be Hispanic or Latino. Check "Prefer not to answer" if the patient refuses to identify ethnicity.

Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race: Check the appropriate category to indicate the race of the patient. If the patient identifies with more than one race, check all that apply.

White or Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African-American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African-American".

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Other: If the patient's racial background is not listed, check "Other" and specify the patient's race in the space provided.

Check "Prefer not to answer" if the patient refuses to identify race.

Marital status: Check the appropriate category (never married, married or living in a marriage-like relationship, widowed, divorced, or separated) to indicate the marital status of the patient. Check "Prefer not to answer" if the patient refuses to identify marital status.

Total annual income: Check the appropriate category that best represents the total annual household income, or check "Prefer not to answer" if the patient refuses to provide the information. Total annual household income is defined as the combined gross annual income of all members of the household who contribute financially to the support of the household.

Section II: 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.

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, Lifetime use:	Check “Yes” or “No” to indicate if the patient has had 12 or more drinks of any alcoholic beverages over their lifetime. One drink equals one 12-ounce beer, or a 4-ounce glass of wine, or 1 ounce of liquor. If “No”, go to question 11.
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”, go to question 11. (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”, go to question 11. (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) Record the number of days a month the patient had 5 or more alcoholic drinks on one day in the past 12 months.
5 or more alcoholic beverages:	Check “Yes” or “No” to indicate if the patient has ever had periods in their life in which they drank 5 or more alcoholic drinks almost every day.