

Health Review

Name: _____

YES NO Have you used any tobacco products in the past 30 days?

How many days a week do you get at least **20 minutes** of vigorous exercise such as jogging, biking uphill or carrying 50 pounds?

0 1 2 3 4 5 6 7

How many days a week do you get at least **30 minutes** of moderate exercise such as walking fast, biking on a flat surface or mowing the lawn?

0 1 2 3 4 5 6 7

How often do you eat fruits and vegetables? Never Rarely Sometimes Often

Males and females

YES NO In the last 12 months did you smoke pot, use another street drug or use a prescription painkiller, stimulant, or sedative for a non-medical reason?

YES NO In the last 12 months, did you ever find yourself drinking or using drugs more than you meant to?

YES NO In the last 12 months, did you ever think that maybe you should cut down on your drinking or drug use?

YES NO Have any of your family members had problems with drug or alcohol abuse? If so, who? _____

YES NO Have you ever experimented with other substances?
If so, what? _____

Have you experienced any consequences from the use of alcohol and/or drugs?

Self: _____ Family: _____ Health: _____ Legal: _____ Job: _____

Males

YES NO Please think about the last time you have **five or more** standard drinks in a day or night; was that within the last three months?

Females

YES NO Please think about the last time you have **four or more** standard drinks in a day or night; was that within the last three months?

Males and females age 65 and older

YES NO Please think about the last time you have **two or more** standard drinks in a day or night; was that within the last three months?