

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

Grid for patient's last name.

PLEASE PRINT PATIENT'S FIRST NAME

Grid for patient's first name.

PATIENT'S DATE OF BIRTH

Grid for patient's date of birth.

Month Day Year

Tobacco

Have you EVER smoked cigarettes? (More than 5 packs in a lifetime) Yes No

Do you smoke cigarettes NOW? (As of 1 month ago) Yes No

Do you AWAKEN during the night to smoke? Yes No

If you smoke now, how many packs of cigarettes do you smoke per day?
Options: 1/2 or less, 1, 1 1/2, 2, 3, 3 1/2, 4+

If you stopped smoking: How many packs of cigarettes did you smoke per day?
Options: 1/2 or less, 1, 1 1/2, 2, 3, 3 1/2, 4+

How many years have you smoked? (Include past and present)
Options: 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 31-35, 36 or more

Alcohol

How often do you have a drink containing alcohol?
Options: Never, Less than monthly, 2-4 times / month, 2-4 times / week, Daily

How many drinks containing alcohol do you have on a typical day when you are drinking?
Options: 1-2, 3-4, 5-6, 7-8, 9 or more

How often do you have six or more drinks containing alcohol?
Options: Never, Less than monthly, 2-4 times / month, 2-4 times / week, Daily

Caffeine (Use the information given below to estimate the number of ounces)

Small cup = 5 oz Regular or small mug / cup = 8 oz Large mug = 12 oz
Regular can of soda / cola = 12 oz Regular bottle of water = 20 oz

On a typical day, how many ounces of caffeinated coffee, tea, cola/sodas do you drink?
(Please choose one response per beverage - DO NOT include decaffeinated beverages)

Table with 3 columns: Coffee, Tea, Colas/Sodas. Each column lists quantity options from None to More than 72 oz.

How often do you use pills containing caffeine (e.g. No Doz)?
Options: Never, Less than monthly, 2-4 times / month, 2-4 times / week, Daily

Recreational Drug Use

Do you use any illegal drugs or substances (marijuana, cocaine, etc)? Yes No

MEDICAL HISTORY Please choose ALL that apply.

- | | | |
|--|--|--|
| <input type="radio"/> Fibromyalgia | <input type="radio"/> Stomach Ulcers | <input type="radio"/> Seizures / Epilepsy |
| <input type="radio"/> Trauma | <input type="radio"/> Kidney Failure | <input type="radio"/> Stroke |
| <input type="radio"/> Vision / Hearing Loss | <input type="radio"/> Kidney Stones | <input type="radio"/> Anxiety Disorder |
| <input type="radio"/> Chronic / Frequent Sinusitis | <input type="radio"/> Bladder Problems | <input type="radio"/> Bipolar Disorder |
| <input type="radio"/> Deviated Septum | <input type="radio"/> Urinary Tract Infections | <input type="radio"/> Depression |
| <input type="radio"/> Angina | <input type="radio"/> Dialysis | <input type="radio"/> History of Psychiatric Treatment |
| <input type="radio"/> Coronary Artery Disease | <input type="radio"/> Prostate Problems | <input type="radio"/> Diabetes |
| <input type="radio"/> Pacemaker | <input type="radio"/> Impotence / Erectile Dysfunction | <input type="radio"/> Anemia |
| <input type="radio"/> Heart Attack | <input type="radio"/> Gynecological Problems | <input type="radio"/> Clots in Leg or Lung |
| <input type="radio"/> Heart Defibrillator | <input type="radio"/> Polycystic Ovarian Syndrome | <input type="radio"/> Hepatitis |
| <input type="radio"/> Heart Failure | Arthritis in: | <input type="radio"/> High Cholesterol |
| <input type="radio"/> Heart Murmur | <input type="radio"/> Hands | <input type="radio"/> Poor Leg Circulation |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Hips | <input type="radio"/> Thyroid Disease |
| <input type="radio"/> Irregular Heart Rhythm | <input type="radio"/> Knee | <input type="radio"/> Lung Cancer |
| <input type="radio"/> Asthma | <input type="radio"/> Shoulders | <input type="radio"/> Breast Cancer |
| <input type="radio"/> Chronic Bronchitis | <input type="radio"/> Spinal | <input type="radio"/> Colon Cancer |
| <input type="radio"/> Emphysema / COPD | <input type="radio"/> Chronic / Intermittent Back Pain | <input type="radio"/> Prostate Cancer |
| <input type="radio"/> Pneumonia | <input type="radio"/> Osteoarthritis | <input type="radio"/> Leukemia / Lymphoma |
| <input type="radio"/> Acid Reflux | <input type="radio"/> Rheumatoid Arthritis | <input type="radio"/> Other Cancer |
| <input type="radio"/> Gall Bladder Disease | <input type="radio"/> Gout | <input type="radio"/> Hay Fever |
| <input type="radio"/> Pancreatitis | <input type="radio"/> Headaches | <input type="radio"/> Other Medical Problem |
| <input type="radio"/> Hiatal Hernia | <input type="radio"/> Paralysis | |
| <input type="radio"/> Irritable Bowel Syndrome | <input type="radio"/> Parkinson's Disease | <input type="radio"/> NO Known Medical Problems |

SURGICAL HISTORY Please choose ALL that apply.

- | | | |
|--|---|--|
| <input type="radio"/> Appendectomy (Appendix) | <input type="radio"/> Eye / Cataract Surgery | <input type="radio"/> Ovaries Removed |
| <input type="radio"/> Breast Surgery | <input type="radio"/> Gastric Bypass / Lap-band | <input type="radio"/> Plastic Surgery |
| <input type="radio"/> Caesarean Section | <input type="radio"/> Hernia Repair | <input type="radio"/> Prostate Surgery |
| <input type="radio"/> Cardiac Angioplasty / Stent | <input type="radio"/> Hysterectomy (Uterus) | <input type="radio"/> Sinus Surgery |
| <input type="radio"/> Cardiac Bypass Surgery | <input type="radio"/> Jaw Surgery | <input type="radio"/> Throat Surgery for Snoring |
| <input type="radio"/> Carotid Surgery | <input type="radio"/> Joint Replacement | <input type="radio"/> Tonsillectomy (Tonsils) |
| <input type="radio"/> Cholecystectomy (Gall Bladder) | <input type="radio"/> Nasal Surgery | <input type="radio"/> Other Surgery |
| <input type="radio"/> Colon Surgery | <input type="radio"/> Orthopedic Surgery | <input type="radio"/> NO Surgeries |

FAMILY HISTORY Please choose ALL that apply.

Father	Mother	Brother	Sister	Child	Grandparent	Other	Unaware of any family members with this illness	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep Apnea found during a Sleep Study
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Narcolepsy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Restless Legs Syndrome
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Heavy Snoring
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep Walking / Sleep Terrors
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insomnia
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diabetes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	High Blood Pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Congenital Heart Disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coronary Heart Disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thyroid Disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Stroke
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Seizures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal Heart Rhythm
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic Disorders
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cancer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Developed Heart Disease before Age 60?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychiatric Illness