Conditions	Check (V) sympt	oms you currently have or ha	wo had in th	no nost voor	95 SW 532 S	Name at the last	1029	E 10 10 10 10 10 10 10 10 10 10 10 10 10	9355	191
Conditions	Check (*) Sympt	orns you currently have or ha	ve nad in u	ne past year.						
AIDS Alcoholism Anemia Anorexia Appendicitis Arthritis Asthma		☐ Chemical Dependency ☐ Chicken Pox ☐ Diabetes ☐ Emphysema ☐ Epilepsy ☐ Glaucoma ☐ Goiter		☐ High Cholesterol ☐ HIV Positive ☐ Kidney disease ☐ Liver Disease ☐ Measles ☐ Migraine Headaches ☐ Miscarriage		Prostate Prol Psychiatric C Rheumatic Fo Scarlet Fever Stroke Suicide Atter Thyroid Prob	ever	e er t		
☐ Bleeding Dis ☐ Brest Lump ☐ Bronchitis ☐ Bulimia ☐ Cancer ☐ Cataracts		☐ Gonorrhea ☐ Gout ☐ Heart Disease ☐ Hepatitis ☐ Hernia ☐ Herpes	0	Mononucleosis Multiple Sclerosis Mumps Pacemaker Pneumonia Polio		Tonsillitis Tuberculosis Typhoid Feve Ulcers Vaginal Infect Venereal Disa	er			
	☐ Mild exercise (i.e., climb stairs, walk 3 blocks, golf) ☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)									
				than 4x/week for 30 min.)						
	□ Occasional vigoro		eation, less							
iet	□ Occasional vigoro	us exercise (i.e., work or recr	eation, less]	Yes		N
iet	☐ Occasional vigoro ☐ Regular vigorous Are you dieting?	us exercise (i.e., work or recr	eation, less					Yes Yes		
iet	☐ Occasional vigoro ☐ Regular vigorous Are you dieting?	us exercise (i.e., work or recreatexercise (i.e., work or recreatexercise)	eation, less							
iet	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a	us exercise (i.e., work or recreatexercise (i.e., work or recreatexercise)	eation, less	k for 30 minutes)						
iet	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat i	us exercise (i.e., work or recreatexercise (i.e., work or recreatexercise) physician prescribed medical n an average day?	eation, less ion 4x/weel	k for 30 minutes)						
	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat i Rank salt intake	us exercise (i.e., work or recreatexercise (i.e., work or recreatexercise (i.e., work or recreatexercise) physician prescribed medical n an average day?	eation, less ion 4x/weel diet?	k for 30 minutes)						
	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat i Rank salt intake Rank fat intake	us exercise (i.e., work or recreatexercise (i.e., work or recreatexercise) physician prescribed medical nan average day?	eation, less ion 4x/weel diet? ☐ Med ☐ Med	k for 30 minutes)						
affeine	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat i Rank salt intake Rank fat intake ☐ None	us exercise (i.e., work or recreate exercise (i.e., work or recreate physician prescribed medical n an average day? □ Hi □ Hi □ Coffee	eation, less ion 4x/weel diet? ☐ Med ☐ Med	k for 30 minutes)			1			N
affeine	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat i Rank salt intake Rank fat intake ☐ None # of cups/cans per of	us exercise (i.e., work or recreate exercise (i.e., work or recreate physician prescribed medical n an average day? □ Hi □ Hi □ Coffee	eation, less ion 4x/weel diet? ☐ Med ☐ Med	k for 30 minutes)			1	Yes		N
riet Taffeine Icohol	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat i Rank salt intake Rank fat intake ☐ None # of cups/cans per of Do you drink alcohol	us exercise (i.e., work or recreate exercise (i.e., work or recreate physician prescribed medical nan average day? Hi	eation, less ion 4x/weel diet? ☐ Med ☐ Med	k for 30 minutes)			1	Yes		N
affeine	☐ Occasional vigoro ☐ Regular vigorous Are you dieting? If yes, are you on a # of meals you eat it Rank salt intake Rank fat intake ☐ None # of cups/cans per of Do you drink alcohol If yes, what kind? How many drinks pe	us exercise (i.e., work or recreate exercise (i.e., work or recreate physician prescribed medical nan average day? Hi	eation, less ion 4x/weel diet? ☐ Med ☐ Med	k for 30 minutes))	Yes		N

	☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)									
	☐ Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)									
Diet	Are you dieting?					s E] No			
	If yes, are you on a physician prescribed medical diet?					s E) No			
	# of meals you eat in an average day?									
	Rank salt intake	□ Hi	□ Med	□ Low						
	Rank fat intake	□ Hi	□ Med	□ Low) Low					
Caffeine	□ None	□ Coffee	□ Tea	□ Cola						
	# of cups/cans per day?									
Alcohol	Do you drink alcohol?					s C] No			
	If yes, what kind?									
	How many drinks per week?									
	Are you concerned about the amount you drink?				□ Ye	s C] No			
	Have you considered stopping?					s C	l No			
	Have you ever experienced blackouts?					s C] No			
	Are you prone to "binge" drinking?					s C	l No			
	Do you drive after drinking?					s C] No			
Tobacco	Do you use tobacco?					s C	l No			
	☐ Cigarettes – pks.,	/day	☐ Chew - #/day	☐ Pipe - #/day ☐	Cigars -	#/da	У			
	☐ # of years ☐ Or year quit									
Drugs	Do you currently use recreational or street drugs?					5 [l No			
	Have you ever given yourself street drugs with a needle?					5 0	l No			
Sex	Are you sexually active?					5 🗆	No.			
	If yes, are you trying for a pregnancy?					; 	No.			
	If not trying for a pregnancy list contraceptive or barrier method used:									
	Any discomfort with intercourse?					; 	No.			
	Illness related to the Human Immunodeficiency Virus (HIV), such as AIDS, has become a major public health problem. Risk factors for this illness include intravenous drug use and unprotected sexual intercourse. Would you like to speak with your provider about your risk of this illness?					; D	l No			