

HEALTH BEHAVIORS CHECKLIST

Your doctor is interested in your overall health and will ask you about some of the behaviors you engage in. Don't be put off, this is routine. Try to answer honestly, your doctor is there to help you, not judge you. Here are some of the questions you may be asked:

Drugs:

1) Do you smoke cigarettes or use tobacco products? Yes ___ No ___

If yes, age started? _____ Packs per day? _____

2) Does anyone in your household smoke? Yes ___ No ___

If yes, who? _____

3) Do you use any recreational drugs (including marijuana)? Yes ___ No ___

Alcohol:

1) Do you drink beer, wine, or liquor? Yes ___ No ___

If yes, how many alcoholic beverages do you consume in an average week?

Less than 1: ___ 1-3: ___ 4-6: ___ More than 6: ___

Tanning:

1) Do you lie in the sun to tan? Yes ___ No ___

2) Do you go to tanning studios? Yes ___ No ___

3) Do you use sunscreen? Never ___ Sometimes ___ Always ___

Exercising:

1) Do you consider yourself physically active? Yes ___ No ___

2) How often do you exercise?

Never ___ Less than once/week ___ 1-2 times/week ___ 3+ times/week ___

3) Are you able to keep up with your friends when doing physical activity? Yes ___ No ___

4) How do you perceive your current weight? Underweight: ___ Normal Weight: ___ Overweight: ___