

Agency/Facility	Program	Date Completed
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1. Height _____ Weight _____

2. Have you ever been told by your doctor or other health professional that you have? (Check all that apply)
 - Angina or coronary heart disease
 - Heart attack or myocardial infarction
 - Stroke
 - High blood cholesterol
 - High blood pressure or hypertension
 - Diabetes
 - Asthma
 - Arthritis

3. Do you now smoke cigarettes? (Please check one)
 - Everyday
 - Some Days
 - Not at all

4. Would you say that in general your general health is: (Please check one)
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

5. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
 _____ Number of Days

6. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
 _____ Number of Days

7. During the past 30 days, about how many days did poor physical or mental health keep you from doing usual activities, such as self-care, school, or recreation?
 _____ Number of Days

8. On the days when you drink alcohol, about how many drinks do you drink on average? (One drink is one can or bottle of beer or wine cooler, one glass of wine, one cocktail or one shot of liquor)
 Average number of drinks per day _____