

Behavioral History

Patient Identification Information

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(Subject.)

Past use:

(Subject.SubjectID) Tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.)

(InjuryHx.TobcoPriorUseInd) No Yes
 Unknown

(InjuryHx.TobcoUseDur) No. of years

(Subject.SubjectID) Alcoholic beverages (beer, wine, spirits) (>2/day)

(InjuryHx.AlcPriorUseInd) No Yes Unknown

(InjuryHx.AlcUseDur) No. of years

(Subject.) Sedatives or sleeping pills

(InjuryHx.SedativePriorUse) No Yes
 Unknown

(InjuryHx.SedativePriorUseDuration) No. of years

(Subject.) Cannabis (marijuana, pot, grass, hash, etc.)

(InjuryHx.CannabisPriorUse) No Yes
 Unknown

(InjuryHx.CannabisPriorUseDuration) No. of years

(Subject.SubjectID) Other recreational drugs

(InjuryHx.DrgSubPriorIllctUseInd) No Yes
 Unknown

(InjuryHx.DrgSubIllctUseDur) No. of years

(Subject.SubjectID)

(InjuryHx.DrgSubIllctUseCatOther)

Please specify drug(s)

(Subject.SubjectID)

Use in the past three months:

(Subject.SubjectID) Tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.)

(InjuryHx.TobcoCurntUseInd) No Yes
 Unknown

(Subject.) Alcoholic beverages (beer, wine, spirits) (>2/day)

(InjuryHx.AlcUseLstMoDaysDrankNum) No Yes Unknown

Sedatives or sleeping pills

(InjuryHx.SedativeCurrentUse) No Yes
 Unknown

(Subject.SubjectID) Cannabis (marijuana, pot, grass, hash, etc.)

(InjuryHx.CannabisCurrentUse) No Yes
 Unknown

(Subject.SubjectID) Other recreational drugs

(InjuryHx.DrgSubIllctCurntUseInd) No Yes
 Unknown

(Subject.)

(InjuryHx.DrugIllicitCurrentUseOther)

Please specify drug(s)

Alcohol frequency:

(Subject.SubjectID) Frequency of having a drink containing alcohol

(InjuryHx.AUDITCDrnkContainAlcFreqScore) Never

Monthly or less

2-4 times a month

2-3 times a week

4 or more times a week

Unknown

(Subject.SubjectID)

(InjuryHx.AUDITCMoreThan6AlcDrnkFreqScore) Frequency of having six or more drinks on one occasion

Never

Less than monthly

Monthly

(Subject.)

- Weekly
 - Daily or almost daily
 - Unknown
 - Monthly or less (incorrect please correct)
 - 2-4 times a month (incorrect please correct)
 - 2-3 times a week (incorrect please correct)
 - 4 or more times a week (incorrect please correct)
- (InjuryHx.AUDITCAIcDrnkTypclDayNumScore) Average number of drinks on a "drinking" day
- 1-2
 - 3-4
 - 5-6
 - 7-9
 - 10 or more
 - Unknown