



Please check and indicate how many times per week

\_\_\_\_\_ coffee drinker

\_\_\_\_\_ smoker

\_\_\_\_\_ sexually active

\_\_\_\_\_ alcohol drinker

\_\_\_\_\_ illicit drug use (pls. specify)

**FAMILY HISTORY**

<b>DISEASE</b>	<b>NO</b>	<b>YES</b>	<b>RELATION(S) TO STUDENT</b>
Asthma			