

MEMBER NAME: John Doe

Date of Birth : 1/1/2010

ID : twytwu1818

**SOCIAL HISTORY/RISK FACTORS**

Risk Factor	Use	Counseling	
Cigarettes	<input type="checkbox"/> Current <input checked="" type="checkbox"/> Former <input type="checkbox"/> Never	<input type="checkbox"/> Interested in quitting <input type="checkbox"/> Counseled to quit <input type="checkbox"/> "Commit to Quit" left with member	Years since last smoked: 15 years or less Packs per day: 1/2 pack Years Smoking: 35.0 Pack Years: 17.5
Other Tobacco	<input type="checkbox"/> Current <input type="checkbox"/> Former <input checked="" type="checkbox"/> Never	<input type="checkbox"/> Interested in quitting <input type="checkbox"/> Counseled to quit	
Drug Use	<input type="checkbox"/> Current <input type="checkbox"/> Former <input checked="" type="checkbox"/> Never	<input type="checkbox"/> Interested in quitting <input type="checkbox"/> Counseled to quit	
Alcohol	<input checked="" type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Never	<input type="checkbox"/> Interested in quitting <input type="checkbox"/> Counseled to quit	Drinks per week: Drinks per Occasion: 1
CAGE Screening :		<input type="checkbox"/> Refused	
Have you felt you should cut down on your drinking?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have others annoyed you by criticizing your drinking?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever felt guilty about your drinking?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	