

THIS IS IN COMPLIANCE WITH MEDICARE'S REGULATION WHICH GOVERNS ALL OTHER INSURANCE COMPANIES

Alcohol:

Did you have a drink containing alcohol in past year?

YES or NO

If yes, please answer the following questions,

How often did you have 6 or more drinks on one occasion in the past year?

- A. Never (0 points)
- B. Less than monthly (1 point)
- C. Monthly (2 points)
- D. Weekly (3 points)
- E. Daily or almost daily (4points)

How often did you have a drink containing alcohol in the past year?

- A. Never (0 points)
- B. Monthly or less (1 points)
- C. 2 to 4 times a month (2 points)
- D. 2 to 3 times a week (3 points)
- E. 4 or more times a week (4 points)
- F. 6 or more times a week (4 points)

How many drinks did you have on a typical day when you were drinking in the past year?

- A. 1 or 2 drinks (0 points)
- B. 1 to 2 drinks (0 points)
- C. 3 or 4 drinks (1 points)
- D. 5 or 6 drinks (2 points)
- E. 7 to 9 drinks (3 points)
- F. 10 or more drinks (4points)

Have you used drugs other than those for medical reasons in the past 12 months?

YES or NO

Have you ever had a blood transfusion?

If YES, what year? _____ or NO

Sexual history

Have you ever had a sexual transmitted infection?

YES or NO

Last menstrual period Date: _____