

NORTHWEST CENTER FOR CONGENITAL HEART DISEASE

ADULT PATIENT QUESTIONNAIRE

Please answer each question as best you can.

PATIENT'S NAME: _____

Date: _____

Alcohol: NO YES

Beer 1 bottle per day 2 bottles per day 3 or more bottle

Hard Alcohol 1-3 oz. per day over 3 oz. per day

Wine 1 glass per day 2 glasses per day 3 or more glasses

If quit alcohol use: Years quit: _____ Number of years of use/abuse: _____

Recreational Drug Use: NO YES

Type: _____

How Often: _____