



**Dietary Intervention Study In Children
Child History Form**

ID _____
NC _____
VN _____

The questions on this form are to be administered to the child privately.

1. Date of visit: . . . _____ - _____ - _____
Month Day Year

2. Sex of child:
Male Female
1 2

3. Are you taking any pills or medicines now?
Yes No
1 2

If YES:

A. What are the names of these pills or medicines?

4. Have you smoked more than five cigarettes in the past year?
SMOKE
Yes No
1 2

If YES, how many cigarettes did you smoke last week? _____

5. Not counting religious services, like church and temple, in the *past month*, have you had any alcoholic beverages such as wine, beer or whiskey?
ALCOH
Yes No
1 2

If YES, how many times in the past month have you had an alcoholic beverage? _____

6. Form checked for completeness and accuracy:
A. Signature: _____

B. DISC certification number: _____

7. Date form completed: _____
Month Day Year

Retain a copy of this form for your files. Mail the original to the DISC Coordinating Center:

DISC Coordinating Center
Maryland Medical Research Institute
600 Wyndhurst Avenue
Baltimore, Maryland 21210