

Name (Please Print); _____ DOB: _____ Date of Visit: _____

Brief health screen

We ask all our patients ages 12 and older about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

For Office Use Only

Providers Initials: _____

Alcohol: One drink =



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

None 1 or more

Males: How many times in the past year have you had 5 or more drinks in a day?

Females: How many times in the past year have you had 4 or more drinks in a day?

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

None 1 or more

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

<u>During the past two weeks</u> , how often have you been bothered by the following problems?	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable or hopeless				
2. Little interest or pleasure in doing things				

For Office Use Only- Total Score