




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.

<p>For Office Use Only</p> <p>Providers Initials: _____</p>
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Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

	None	1 or more
<b>Males:</b> How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
<b>Females:</b> How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

**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?	<input type="radio"/>	<input type="radio"/>

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

<b>For Office Use Only- Total Score</b>	
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