



Alcohol screening questionnaire

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Annual questionnaire

Once a year, all our patients are asked to complete this form because these factors can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient:

DOB:

Alcohol:

One drink =



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

None 1 or more

| | | |
|---|--|--|
| MEN: How many times in the past year have you had 5 or more drinks in a day? | | |
| WOMEN: 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 nonmedical reasons? | | |
|---|--|--|

| | | |
|---|--|--|
| During the past two weeks, have you been bothered by little interest or pleasure in doing things? | | |
| During the past two weeks, have you been bothered by feeling down, depressed, or hopeless? | | |

Mood:

No Yes

****If any are positive then complete the additional seven questions (PHQ-9).**