



Brief Screening Questionnaire

Health Behavior Assessment

Name: _____ Date: _____

As part of our health service, we review issues that may affect patient health. By providing this information to use, we can provide you with the best treatment and care. We ask that you complete the questionnaire below. It asks about your use of alcoholic beverages, drugs, and tobacco. These substances can affect your health and interfere with certain medications. Please answer as accurately and as honestly as possible. We will keep all information in strict confidence.

In the following questions, a drink means one can or bottle of beer (12oz), one glass of wine (5oz), one wine cooler, or a mixed drink with 1.5 ounces of hard liquor. Each counts as one drink. A mixed drink with double shots or a martini counts as two drinks.

1. How often did you have a drink containing alcohol in the past year?

- Never Monthly or less 2-4 times a month 2-3 times per week 4 or more times a week

2. How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2 3 or 4 5 or 6 7 to 9 10 or more

3. How often did you have six or more drinks on one occasion in the past year?

- Never Less than monthly Monthly Weekly Daily or almost daily

4. In the last year have you used drugs other than those required for medical reasons?

- No Yes

5. In the last year have you used prescription or other drugs more than you meant to?

- No Yes

6. Do you currently smoke or use any form of tobacco?

- No Yes