

## 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 name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Alcohol:

One drink =



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

None

1 or more

|   |                       |                       |
|---|-----------------------|-----------------------|
| <b>MEN:</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>WOMEN:</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 nonmedical reasons? | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|

### Mood:

No

Yes

|   |                       |                       |
|---|-----------------------|-----------------------|
| During the past two weeks, have you been bothered by little interest or pleasure in doing things? | <input type="radio"/> | <input type="radio"/> |
| During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?        | <input type="radio"/> | <input type="radio"/> |

*(For the medical professional)*

**Interpreting the Annual questionnaire:**

**Alcohol:** Patients who answer “1 or more” should receive a full alcohol screen (AUDIT).\*

**Drugs:** Patients who answer “1 or more” should receive a full drug screen (DAST).\*

**Mood:** Patients who answer “Yes” to either question should receive a full screen for depression (PHQ-9).

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

\* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. “Primary Care Validation of a Single-Question Alcohol Screening Test.” J Gen Intern Med 24(7):783–8. 2009

\* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. “A Single-Question Screening Test for Drug Use in Primary Care.” Arch Intern Med 170 (13): 1155-1160. 2010