Brief health screen

We ask all our adult patients about substance use and Patient name: _ mood because these factors can affect your health. Date of birth: Please ask your doctor if you have any questions. Your answers on this form will remain confidential. 1.5 oz. 12 oz. 5 oz. One drink = Alcohol: liquor beer wine (one shot) None 1 or more

MEN: How many times in the past year have you had 5 or more drinks in a day?	0	0
WOMEN : How many times in the past year have you had 4 or more drinks in a day?	0	0

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?	0	0

Mood:	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	0	0
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	0	0

(For the medical professional)

Interpreting the Brief screen:

Alcohol: Patients who answer "1 or more" should receive a full alcohol screen (such as the AUDIT).*

Drugs: Patients who answer "1 or more" should receive a full drug screen (such as the DAST).*

Mood: Patients who answer "Yes" to either question should receive a full screen for depression (such as the PHQ-9).

* 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