

Last Name

First Name

MRN

DOB

This health survey will ask you questions about your use of substances, including illegal drugs, alcohol and prescription drugs. This information will help your health care provider make the best recommendations for your overall care.

BHAO Referral if any question(s) 1-3 answered "Yes"

1. Have you ever felt that you ought to cut down on your drinking or drug use? Yes No
2. Have people annoyed you by criticizing your drinking or drug use? Yes No
3. In the past three months, have you used any *prescription medications* just for the feeling, more than prescribed or that were not prescribed for you? Yes No

Over the last two weeks, how often have you been bothered by the following?

Depression Screen

Little interest or pleasure in doing things.

- Not at all (0)
 Several days (+1)
 More than half the days (+2)
 Nearly every day (+3)

Feeling down, depressed or hopeless.

- Not at all (0)
 Several days (+1)
 More than half the days (+2)
 Nearly every day (+3)

Total =3 or more: BHAO Referral

Anxiety Screen

Feeling nervous, anxious or on edge.

- Not at all (0)
 Several days (+1)
 More than half the days (+2)
 Nearly every day (+3)

Not being able to stop or control worrying.

- Not at all (0)
 Several days (+1)
 More than half the days (+2)
 Nearly every day (+3)

Total =3 or more: BHAO Referral