Adult annual questionnaire

Once a year, all our adult 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 =	BEER	12 oz. beer		5 oz. wine		.5 oz. iquor one shot)
						None	1 or more
MEN:	How many times in t drinks in a day?	he past	year have	you had 5 o	or more	0	0
WOMEN:	How many times in t drinks in a day?	he past	year have	you had 4 c	or more	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 nonmedical 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 Adult 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

^{*} 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