

Annual Behavioral Health Questionnaire

Today's Date: _____ Patient's Name: _____

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide the best medical care by answering the three brief questions below

Please CIRCLE the BEST response to each question.

In the past year...

How often did you have a drink containing alcohol in the past year?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 to 3 times a week 3	4 or more times a week 4	
How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	None 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
How often did you have <u>6 or more</u> drinks on one occasion in the past year?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	

For Internal Use Only

Alcohol Screen Score _____ Entered in chart by _____ Comments: _____
 2ndary Cklist Score _____ Entered in chart by _____ Comments: _____