

HRN #: _____

DATE: _____

NAME: _____

SECTION 1: PHQ-2 BEHAVIORAL HEALTH SCREEN

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

- a. Not at all
- b. Several days
- c. More than half the days
- d. Nearly every day

2. Feeling down, depressed or hopeless:

- a. Not at all
- b. Several days
- c. More than half the day
- d. Nearly every day

SECTION 2: ALCOHOL SCREENING (AUDIT –C)

1. How often do you drink alcohol?

- a. Never
- b. Monthly or less
- c. 2 – 4 times a month
- d. 2 – 3 times a week
- e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. How often do you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

PLEASE COMPLETE BACK SIDE



SECTION 3: TOBACCO USE SCREENING (please check the following)

Do you currently smoke or chew/dip tobacco?

____ YES, I USE TOBACCO ____ SMOKE? ____ CHEW/DIP? ____ BOTH?

____ OR YES, I USE TOBACCO FOR CEREMONIAL OR RELIGIOUS PURPOSES:

Method used? _____ (for example: pipe)

If YES: How many packs per day? _____ **OR** How much? _____ **AND How often?**

Would you consider quitting? ____ YES ____ NO

How can we help you quit? _____

____ NO, I HAVE **NEVER** SMOKED OR CHEWED TOBACCO.

____ NO, I DO NOT CURRENTLY USE TOBACCO (I have smoked or chewed tobacco in the past).

The last time I smoked was: ____ within 0-6 months ____ over 6 months ago

The last time I chewed/dipped was: ____ within 0-6 months ____ over 6 months ago

SECTION 4: DOMESTIC VIOLENCE SCREENING (please circle yes or no)

Do you ever feel afraid or threatened by your partner? YES NO

Within the last year have you been hit, slapped, kicked, or physically hurt by someone? YES
NO

SECTION 5: DENTAL SCREENING

When was your last dental visit? _____ Where?

☐ Patient refusal

Patient signature: _____ Date: _____