

Patient Label

Behavioral Health Monitoring Tool (Large Type)

Over the past <u>2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
10. Feeling nervous, anxious or on edge	0	1	2	3
11. Not being able to stop or control worrying	0	1	2	3
12. Have your problems interfered with your work, family or social activities?	0	1	2	3

Please answer these questions about the past year. (If you have changed your drinking or substance use in the past year, please report on your most recent use.)

13. How often do you have a drink containing alcohol?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
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0	1	2	3	4
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14. How many drinks containing alcohol do you have on a typical day when you are drinking?

None	1 or 2 Drinks	3 or 4 drinks	5 or 6 Drinks	7 to 9 drinks	10 or more drinks
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0	0	1	2	3	4
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15. How often do you have 6 or more drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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0	1	2	3	4
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16. How often have you used marijuana?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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0	1	2	3	4
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17. How often have you used an illegal drug or used a prescription medication for non-medical reasons?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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0	1	2	3	4
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18. Do you have access to guns?

Yes	No
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