YOUR CLINIC'S NAME AND LOGO

Our clinic has joined a statewide project to improve the health of our patients. As part of this project, you will be screened once a year for lifestyle behaviors that can help or hurt your well-being. Your results from this form will be shared with your provider, and you may also be referred to the health educator located here in our clinic. Your results are confidential, along with all of y our other medical information.

If possible, please answer all questions.

Date: ☐ ☐ / ☐ ☐ / ☐ ☐

First Name: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Last Name: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Telephone Number: (☐ ☐ ☐) ☐ ☐ ☐ ☐ ☐ ☐ ☐

Are you Hispanic or Latino? ☐ Yes ☐ No

What is your race? *(Please check all that apply)*

☐ Black or African American ☐ Asian

☐ Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

☐ American Indian ☐ White

Tobacco

☐ Yes ☐ No Have you used any tobacco products in the past three months?

Nutrition

☐ # of days How many days a week do you have at least one piece of fruit and two cups of vegetables?

Exercise

☐ # of days How many days a week do you get at least 20 minutes of vigorous exercise, such as jogging, biking uphill, or carrying at least 50 pounds?

☐ # of days How many days a week do you get at least 30 minutes of moderate exercise such as walking fast, biking on a flat surface, or mowing a lawn?

Weight

How would you describe your weight? (check one)

☐ Very Underweight ☐ Somewhat overweight ☐ About right

☐ Somewhat underweight ☐ Very overweight

Depression

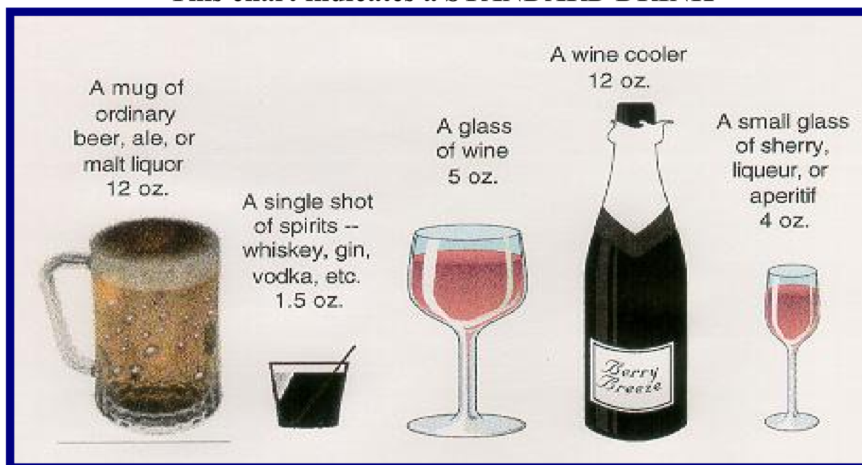
☐ # of days In the past two weeks, have you often been bothered by feeling down, depressed, or hopeless?

☐ # of days In the past two weeks, have you often been bothered by little interest or pleasure in doing things?

TURN PAGE OVER

Alcohol/Drugs

This chart indicates a STANDARD DRINK



Female

☐ Yes ☐ No — Please think about the last time you had **four (4) or more standard** drinks in a day or night; was that within the last three months?

Male

☐ Yes ☐ No — Please think about the last time you had **five (5) or more standard** drinks in a day or night; was that within the last three months?

Females & Males age 65 and older

☐ Yes ☐ No — Please think about the last time you had two or more standard drinks in a day or night; was that within the last three months?

Everyone

☐ Yes ☐ No — In the last 12 months, did you ever find yourself drinking or using drugs more than you meant to?

☐ Yes ☐ No — In the last 12 months, did you ever think that maybe you should cut down on your drinking or drug use?

☐ Yes ☐ No — In the last 12 months, did you smoke pot, use another street drug, or use a prescription painkiller, stimulant, or sedative for a non-medical reason?

Violence

☐ Yes ☐ No — Have you been hit, kicked, punched, or otherwise hurt by someone in the past twelve months?

☐ Yes ☐ No — If you are married or involved in a close relationship with someone, do you feel safe in that relationship? (Please omit if not in a close relationship)

☐ Yes ☐ No — Is there a partner from a previous relationship who is making you feel unsafe now?

Thank you for completing this survey!