



Associates in Primary Care

## Health Questionnaire

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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Little interest or pleasure in doing things

Not at all

Several  
days

More than  
half the days

Nearly  
everyday

Feeling down, depressed or hopeless

Not at all

Several  
days

More than  
half the days

Nearly  
everyday

Do you use tobacco products?

Yes

Sometimes

No

Think about your drinking in the past year. A drink means one beer, one small glass of wine (5 oz.) or one mixed drink containing one shot (1.5 oz.) of spirits.

How often do you have a drink containing alcohol?

Never

Less than  
monthly

Monthly

Weekly

2-3 times  
a week

4-6 times  
a week

Daily

How many drinks containing alcohol do you have on a typical day you are drinking?

Never

1 Drink

2 Drinks

3 Drinks

4 Drinks

5-6 Drinks

7-9 Drinks

10 Drinks

How often do you have 4 or more drinks on one occasion?

Never

Less than  
monthly

Monthly

Weekly

2-3 times  
a week

4-6 times  
a week

Daily

How often have you used marijuana in the past year? (Including smoking, vaping, dabbing or edibles.)

Never

Monthly  
or less

2-4 times  
per month

2-3 times  
per week

4 or more  
times per week

How often in the past year have you used prescription medications that were not prescribed to you?

Never

Monthly  
or less

2-4 times  
per month

2-3 times  
per week

4 or more  
times per week

How often in the past year have you taken your own prescription medication more than the way it was prescribed or for different reasons than its intended purpose?

Never	Monthly	2-4 times	2-3 times	4 or more
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How often in the past year have you used other drugs (for example: heroin, cocaine, salvia, inhalants?)

Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week
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How often does anyone, including family, physically hurt you?

Never	Rarely	Sometimes	Fairly Often	Frequently
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How often does anyone, including family, insult or talk down to you?

Never	Rarely	Sometimes	Fairly Often	Frequently
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How often does anyone, including family, scream or curse at you?

Never	Rarely	Sometime	Fairly Often	Frequently
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Within the past 12 months, how often were you worried that your food would run out before you got money to get more.

Often TRUE	Sometimes TRUE	Never TRUE
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Within the last 12 months, the food you bought just didn't last and you didn't have money to get more?

Often TRUE	Sometimes TRUE	Never TRUE
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What is your housing situation?

- I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a bench, in a car, abandoned building, bus or train station, or in a park.
- I have housing today, but I am worried about losing housing in the future.
- I have housing.

Do you have any urgent issues you would like to discuss today?

Yes	Unsure	No
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