

## Women's Health Initiative

Adapted from One Key Question®, Vermont SBIRT, Alcohol Use Disorders Identification Test (USAUDIT-C),  
Patient Health Questionnaire (PHQ-2), & Accountable Health Communities Health-Related Social Needs Screening Tools

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Once a year, all of our patients are asked to complete this form, and answer questions about medications currently being taken, because these factors can all affect health. Please help us provide you with the best medical care by answering the questions below.

### One Key Question®

Would you like to become pregnant in the next year?

Yes or Ok, Either Way    Unsure    No

### Patient Health Questionnaire-2

Over the past 2 weeks, 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
Little interest or pleasure in doing things				
Feeling down, depressed or hopeless				

### VT SBIRT

Do you use tobacco products?    Yes    Sometimes    No

### USAUDIT-C Questionnaire

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.

	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily
How often do you have a drink containing alcohol?							
How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-9 drinks	10 or more 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

### VT SBIRT

	Never	Monthly or less	Several days per month	Weekly	Several days per week (2-4 days/wk)	Daily Almost Daily (5-7 days/wk)
How often have you used marijuana in the past year? (including smoking, vaping, dabbing, or edibles)						
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 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 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

<b>AHC HRSN</b>					
How often does anyone, including family, physically hurt you?	Never	Rarely	Sometimes	Fairly often	Frequently
How often does anyone, including family, insult or talk down to you?	Never	Rarely	Sometimes	Fairly often	Frequently
How often does anyone, including family, threaten you with harm?	Never	Rarely	Sometimes	Fairly often	Frequently
How often does anyone, including family, scream or curse at you?	Never	Rarely	Sometimes	Fairly often	Frequently
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Often True		Sometimes True		Never True
Within the past 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
What is your housing situation today? <input type="checkbox"/> I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park. <input type="checkbox"/> I have housing today, but I am worried about losing housing in the future. <input type="checkbox"/> I have housing.					
Do you have any urgent issues you would like to discuss today?	Yes		Unsure		No