



ASSOCIATES IN PRIMARY CARE, LLC

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HEALTH QUESTIONNAIRE

Today's Date: _____

Name: _____ DOB: _____

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

Little interest or pleasure in doing things

- | | |
|------------------------------------|---|
| <input type="radio"/> Not at all | <input type="radio"/> More than half the days |
| <input type="radio"/> Several days | <input type="radio"/> Nearly everyday |

Feeling down, depressed or hopeless

- | | |
|------------------------------------|---|
| <input type="radio"/> Not at all | <input type="radio"/> More than half the days |
| <input type="radio"/> Several days | <input type="radio"/> 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 per week 4-6 per 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 per wk
 4-6 per week Daily

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

Never Monthly or less 2-4 per month 2-3 per week 4-6 per week Daily

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

Never Monthly or less 2-4 per month 2-3 per week 4-6 per week Daily

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

Never Monthly 2-4 times 2-3 times 4 or more

How often in the *past year* have you used other drugs (for example: heroin, cocaine, salvia, inhalants)?

Never Monthly or less 2-4 per month 2-3 per week 4 or more times per week

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, scream or curse at you?

Never Rarely Sometimes Fairly often Frequently

Within the *past 12 months*, how often were you worried that your food would run out before you got more money to get more?

Often TRUE Sometimes TRUE Never TRUE

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

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 park 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