

Gender: M F TG other _____		If female, pregnant? Y N DK REF				
Seatbelts? Y N DK REF		Helmets? Y N DK REF		Flu shot yearly? Y N DK REF		
SBIRT INITIAL SCREENS						
Current tobacco		Y N		DK REF		
How often do you have a drink containing alcohol?		Never (0)	Monthly or less (1)	2-4x a month (2)	2-3x a week (3)	4 or more times a week (4)
How many standard drinks of alcohol do you have on a typical day? (<i>1 standard drink = 12oz beer, 5oz wine or 1.5oz liquor</i>)		1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)
How often do you have 6 or more drinks on one occasion?		Never	Less than 1x per month	Monthly	Weekly	Daily/ almost daily
AUDIT C	A1	0	1	2	3	4
	A2	0	1	2	3	4
	A3	0	1	2	3	4
		AUDIT-C total = _____				A1: DK REF A2: DK REF A3: DK REF
How many times in the past year have you used...						
marijuana/cannabis in the past year?		Never (0)	Monthly or less (0)	2-4x a month (0)	2-3x a week (1)	4+ times a week (1)
		I only use medical marijuana & I use it as prescribed (0)				DK REF
illegal drugs in last year		Never (0)	1 to 4 (1)	5 or more (1)	DK REF	
prescription medication for non-medical reasons (...for instance because of the feeling it caused or experiences you had)?		Never (0)	1 to 4 (1)	5 or more (1)	DK REF	
Over the past 2 weeks, how often have you been bothered by any of the following:						
Little interest or pleasure in doing things?		Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)	DK REF
Feeling down, depressed or hopeless?		Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)	DK REF
INITIAL SCREEN	Screening Results ('+' if positive, '-' if negative, '0' if not screened):					
	___ Tobacco (Y)	-->	___ Counseling given	REF		
	___ Alcohol (M ≥ 5, F ≥ 4)	-->	___ Proceed to AUDIT 10	REF		
	___ Drug (≥ 1 on any of 3 items)	-->	___ Proceed to DAST-10	REF		
	___ Mental Health (> 3)	-->	___ Proceed to PHQ-9	REF		