Behavioral Risk Screening for Patients ≥12 Years Old

Yes    No

In the past 2 weeks, have you been bothered by:

• Little interest or pleasure in doing things?  □ □
• Feeling down, depressed or hopeless?  □ □

If you have used alcohol and/or drugs in the past 3 months:

• Have you ever felt you should cut down?  □ □
• Have people annoyed you by criticizing your use?  □ □
• Have you ever felt bad or guilty about your use?  □ □
• Have you ever used first thing in the morning to feel better?  □ □

Because violence is so common place now, please let me know if:

• You don’t feel safe in your home or in your relationships?  □ □
• You have ever been hurt or threatened by someone close to you?  □ □

Any positive screening answer requires further assessment