



**Behavioral Risk Screening for Patients  $\geq 12$  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**