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| **310** | | |
| **“I do not smoke, drink, or use drugs.” True/False**  *\*\*\*\* If the above statement is true,* ***STOP!!*** *Skip to back page \*\*\**  Otherwise, continue: | | |
|  | | |
| **PART A** | | |
| Do you use tobacco? **Yes/No** □ smoke □ chew \* Vape \* E-cigarette  Tobacco Status: □ Current □ Every Day □ Current Some Day □ Former □ Never  If yes, number of cigarettes/dips/vape equivalents per day? \_\_\_\_\_\_\_\_\_  How long have you been using tobacco? \_\_\_\_\_\_\_\_\_\_  Are you ready to quit or cut back on tobacco products? **□ yes □ no □ maybe**  Are you exposed to secondhand smoke? **□ yes □ no □ occasionally** | | |
|  | | |
| **“I do not drink or use drugs.”**  **True/False**  *\*\*\*\* If the above statement is true,* ***STOP!!*** *Skip to back page\*\**  **Otherwise, continue:** | | |
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| **PART B** | | |
| **In the PAST 12 MONTHS, how many DAYS did you:** (estimate if unsure) | | |
| Drink more than a few sips of beer, wine, or alcohol beverage? **No/Yes # of days \_\_\_**  I consider myself: **(CIRCLE)** an occasional drinker, daily drinker, binger drinker, non-drinker | | |
| Use marijuana or synthetic marijuana?  **No/Yes # of days\_\_\_\_\_** | Use anything else to get high?  **No/Yes # of days \_\_\_\_\_** | |
| Abuse prescription medication?  **No/Yes # of days \_\_\_\_\_** | Get “high” by: (circle)  Smoking - Snorting -Ingesting - Injecting | |
| **PART C** | | |
| **In the PAST 12 MONTHS did you:** | | |
| **1)**Ride in a CAR driven by some (including yourself) who was “high” or “drunk”? | | Yes/No |
| **2)** Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | | Yes/No |
| **3)** DO you ever use alcohol or drugs while you are by yourself or ALONE? | | Yes/No |
| **4)** Do you ever FORGET things you did while using alcohol or drugs? | | Yes/No |
| **5)** Do FRIENDS/FAMILY tell you that you should cut down on your drug/alcohol use? | | Yes/No |
| **6)** Have you gotten into TROUBLE while you were using drugs or alcohol or drugs? | | Yes/No |
| I am interested in a referral for drug, alcohol, or tobacco addiction **Yes/No/Maybe** | | |
| I have been to a treatment facility in the past??  **Yes/No, for:**  **□alcohol □drugs □both □n/a** | | |

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| **Other Health Risks** | |  | |
| I am safe and free of domestic violence. | | **Yes/No** | |
| I am free to make decisions about my life and no one controls where I go, what I do, where I work, or where I live and sleep. \*\*\*\*“NA” if you still live with parent(s). | | **Yes/No NA** | |
| I have been forced to have sex for housing, money, or drugs. | | **Yes/No** | |
| I am in an abusive relationship now. Emotional Physical Verbal  Sexual (partner/ incest/molestation) | | **Yes/No** | |
| I used to be in an abusive relationship. Emotional Physical Verbal  Sexual (partner/ incest/molestation) | | **Yes/No** | |
| I suffer from the adverse childhood effects of abuse/trauma. | | **Yes/No** | |
| I need to see a counselor/therapist for past or present abuse? | | **Yes/No** | |
| I use self-harm (cutting, burning, etc.) to relieve emotional pain. | | **Yes/No** | |
| I have been bullied at home, work, online, or school and can’t find a solution. | | **Yes/No** | |
| I have job/employment related stress that is making life unbearable. | | **Yes/No** | |
| I have family/marital related stress that is making life unbearable. | | **Yes/No** | |
| I have financial related stress that is making life unbearable. | | **Yes/No** | |
| I text and drive. | | **Yes/No** | |
| I wear my seatbelts 100% of the time | | **Yes/No** | |
| I have problems sleeping and it is negatively affecting my life. | | **Yes/No** | |
| I am in danger right now and can’t say anything. I am with my abuser OR human-  trafficker. Please use the silent alarm to summon the police. | | **Yes/No** | |
| I sometimes make myself throw up after eating to lose weight. | | **Yes/No** | |
| I sometimes starve myself to lose weight. | | **Yes/No** | |
| I do not have health insurance or Medicaid. | | **Yes/No** | |
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