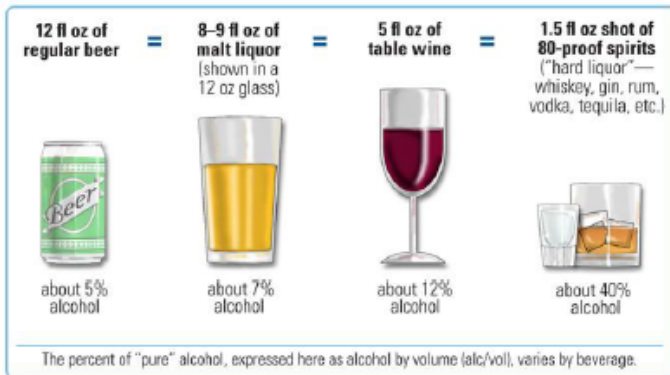


To better serve your health needs, please answer the following questions.

All information will be kept confidential.

If you need any help with the form please alert the front desk

- I) 1. How often are you physically active for at least 30 minutes?
 1-2 days/week 5-7 days/week
 3-4 days/week None
- II) 2. In the past month, have you often felt down, depressed or hopeless?
 Yes No
3. In the past month, have you often had little interest or pleasure in doing things?
 Yes No
- III) This is a picture of one standard drink; please refer to the picture while answering the questions below:



1. How often do you have a drink containing alcohol?
 0) Never 4) 2-3 times a week
 1) Less than Monthly 5) 4-6 times a week
 2) Monthly 6) Daily
 3) Weekly
2. How many standard drinks of alcohol do you have on a typical day you are drinking?
 0) 1 4) 5-6
 1) 2 5) 7-9
 2) 3 6) 10 or more
 3) 4
3. How often do you have 4 or more drinks for females or 5 or more for males on one occasion?
 0) Never 4) 2-3 times a week
 1) Less than monthly 5) 4-6 times a week
 2) Monthly 6) Daily
 3) Weekly
- IV) 1. Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?
 Yes No
2. Do you feel unsafe in your current relationship?
 Yes No N/A
3. Is there a partner from a past relationship who is making you feel unsafe now?
 Yes No N/A

For Office Use Only:

Medical Record Number: _____ DOB: _____