

# APPENDIX Y

## Healthy Lifestyle Questionnaire

Date: \_\_\_/\_\_\_/\_\_\_

MRN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Phone: ( ) \_\_\_\_\_

Medicaid recipient  yes  no      What is the primary language spoken in your home? \_\_\_\_\_

*Please help us give you the best possible healthcare. The following questions are about things that can affect your health, and knowing about it can be important in providing you with the best medical care. Your provider will talk to you about your answers.*

**This information will be kept strictly confidential unless you are at risk of serious harm. Thank you!**

**Please answer the following:**

<b>During the past two weeks:</b>		
1. Have you often been bothered by feeling down, depressed, or hopeless?	No	Yes
2. Have you often been bothered by little interest or pleasure in doing things?	No	Yes
--For Staff Use--	0	1 x ___
		<b>Dep =</b>

<b>During the past two weeks:</b>		
3. Have you often been bothered by feeling nervous, anxious or on edge?	No	Yes
4. Have you often been bothered by not being able to stop or control worrying?	No	Yes
--For Staff Use--	0	1 x ___
		<b>Anx =</b>

<b>In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, during the past month, you:</b>		
5. Have had nightmares about it or thought about it when you did not want to?	No	Yes
6. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
7. Were constantly on guard, watchful, or easily startled?	No	Yes
8. Felt numb or detached from others, activities, or your surroundings?	No	Yes
--For Staff Use--	0	1 x ___
		<b>PTS =</b>

**The following 3 questions are about your drinking during the past year. A drink is equal to a 12 oz. beer, a 5 oz. glass of wine, or 1.5 oz. liquor.**

9. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per mon	2-3 times per week	4+ times per week
10. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
11. How often do you have <u>6 or more</u> drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
--For Staff Use--	0	1 x ___ = ___	2 x ___ = ___	3 x ___ = ___	4 x ___ = ___

**The following questions are about your use of other substances. A = \_\_\_**

12. In the last year have you used Cannabis Products (marijuana, grass, hashish, etc.)?	No	Yes
12a. If yes, do you have a medical prescription for this use?	No	Yes
--For Staff Use-- sub total (+1 for use (12) and -1 for MM (12a), 0 for No)		
13. In the last year have you used any of the following substances-not prescribed to you: -AMPHETAMINES (meth, speed, Adderall, diet pills); -COCAINE (coke, crack); -INHALANTS (nitrous oxide, glue, paint, paint thinner); -OPIATES (heroin, hydrocodone, oxycontin, oxycodone, morphine, methadone, codeine); -HALLUCINOGENS (LSD, acid, ecstasy, mushrooms, PCP, special K); - BENZODIAZEPINES (RITALIN, VALIUM, XANAX, KLONOPIN/CLONAZEPAM)	No	Yes
--For Staff Use--	0	1
		<b>D =</b>

**Thank you for taking the time to complete this form.**

**FOR STAFF USE ONLY**

**SCREENING POSITIVE FOR SBIRT MEANS SBIRT SERVICES INDICATED**

**CLIENT SCORES & CLIENT CLASSIFICATION**  
(Not the services provided)

Below please indicate the client's scores:				
Depression: _____	Anxiety: _____	PTSD: _____	Alcohol: _____	Drug: _____
Brief Intervention	Brief Treatment		Referral to Treatment	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

**Screen Scoring Instructions**

QUESTIONS #'S	DESCRIPTION	SCORING INSTRUCTIONS
1-2	Depression	<b>Positive score = <math>\geq 1</math></b> (score one point for each yes answer) <b>Score <math>\geq 1 = BI</math></b>
3-4	Anxiety	<b>Positive score = <math>\geq 1</math></b> (score one point for each yes answer) <b>Score <math>\geq 1 = BI</math></b>
5-8	PTSD	<b>Positive score = <math>\geq 3</math></b> (score one point for each yes answer) <b>Score <math>\geq 3 = BI</math></b>
9-11	Alcohol	<b>Positive score is <math>\geq 3</math> (for either gender)</b> Answers score 0 Points for column one; 1 point for column two; 2 points for column three; 3 points for column four; and 4 points for column five. Tally scores accordingly. <b>Score 3-4= BI, Score 5-9= BT, Score 10-12= RT</b>
12-13	Drug Use	<b>Positive Score = <math>\geq 1</math></b> (score one point for each yes answer, except for 12a). For item 12 score one point for yes answer. For 12a, score -1 for yes answer. For 13 score one point for yes answer. Tally scores accordingly. <b>Score +1 for Cannabis= BI, Score +1 for substance other than cannabis= BT</b>

**Note: Score=1 for drug and score=3-9 for alcohol= BT**