

Annual questionnaire


Once a year, all our patients are asked to complete this form because drug and alcohol use can affect your health as well as medications you may take.


Please help us provide you with the best medical care by answering the questions below.


Patient name: _____
Date of birth: _____

Are you currently in recovery for alcohol or substance use? Yes No

Alcohol: One drink =

	12 oz. beer
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	5 oz. wine
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	1.5 oz. liquor (one shot)
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	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>

Drugs: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="radio"/>	<input type="radio"/>