


Annual Questionnaire


Once a year, all our patients are asked to complete this form because drug use 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.

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


Alcohol: One drink =



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

		None	1 or more
MEN < 65:	How many times in the past year have you had 5 or more drinks in a day?	<input type="radio"/>	<input type="radio"/>
WOMEN (& MEN > 65):	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 cannabis (marijuana, pot), cocaine, stimulants (Ritalin, Concerta, Adderall), methamphetamine (speed, crystal), inhalants (paint thinner, aerosol, glue), sedatives (Valium, Xanax, Rohypnol), hallucinogens (LSD, mushrooms, ecstasy), street opioids (heroin). Prescription opioids include fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine.

		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"/>