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| **If you do not smoke, drink, or use drugs. STOP. Skip to Back Page** |
| **PART A**  |
| **Currently** |
| Do you use tobacco? **Yes/No** □ smoke □ chew \* Vape \* E-cigaretteIf 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** |
| **PART B**  |
| **During the PAST 12 MONTHS, how many DAYS did you:** (approx.) |
| **(**Estimate if you do not know) |
| Drink more than a few sips of beer, wine, or any drink containing alcohol? **No/Yes # of days \_\_\_\_** |
| Use marijuana or synthetic marijuana? **No/Yes # of days\_\_\_\_\_** |
| Use anything else to get high? **No/Yes # of days \_\_\_\_\_** |
| **1)**Ride in a CAR driven by some (including yourself) who was “high” or had been using alcohol or drugs**?** **No/Yes # of days\_\_\_\_\_** |
| **If you answered “0” to all questions on PART B, SKIP to Back Page**If you answered 1 or greater, please answer questions in Part C |
| **PART C**  |
| **During the PAST 12 MONTHS did you:**  |
| **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 ever 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**  **□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. (select “NA” if you still live with your parents)  **Yes/No/NA** |
| I have been forced to have sex for housing, money, or drugs. **Yes/No** |
| I am in an abusive relationship. Emotional Physical Sexual **Yes/No** |
| I used to be in an abusive relationship. Emotional Physical Sexual **Yes/No** |
|  I use self-harm (cutting, burning, etc.) to relieve emotional pain.**Yes/No** |
| I have been bullied at home, work or school and can’t seem to find a solution.**Yes/No** |
| I have job related stress that is making life unbearable.**Yes/No** |
| I have family 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** |