

Fillmore Family Medical Group Annual Screening Questionnaire

1. PHQ-2

How often have you been bothered by the below symptoms in the past two weeks?

Feeling Down, Depressed, Hopeless:

- Not at all
Several Days
More than Half of the days
Nearly Every day

Little Interest/ Pleasure in Activities:

- Not at all
Several Days
More than Half of the days
Nearly Every day

Patient Name:
Date of Birth:
Today's Date:

2. SBIRT

Alcohol: one drink =12 oz beer, 5 oz. wine, 1.5 oz liquor (1 shot)

MEN: How many times in the past year have you had 5 or more drinks in a day?

- None
1 or more

WOMEN: How many times in the past year have you had 4 or more drinks in a day?

- None
1 or more

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

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical purposes?

- None
1 or more

3. SOGI Sexual Orientation

- Straight or heterosexual
Lesbian, gay or homosexual
Bisexual
Other
Don't know
Decline to answer

Gender Identity

- Male
Female
Transgender male/ Female-to-male
Transgender female/ Male-to-female
Genderqueer, neither exclusively male nor female
Other
Decline to answer

Office use only

MRN:

FIN: