

Name: _____

Date: _____

Annual Questionnaire

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.



Male – 65 years old or younger	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
Female – 65 years old or younger	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
Anyone over 65 years old	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

Examples of drugs may include: cannabis (marijuana, pot); methamphetamines (speed, crystal); inhalants (paint thinner, aerosols, glue); benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms); narcotics (opioids); or synthetic cannabinoids (K2, spices) and cathinones (bath salts).

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
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