HealthPlan OF SAN MATEO
Healthy is for everyone

Initial Behavioral Health Screening

Patient Name: _____ Date of Visit: _____

Part A

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge

   (0) No days (1) Several days (2) 7 or more days (3) Nearly every day

2. Not being able to stop or control worrying

   (0) No days (1) Several days (2) 7 or more days (3) Nearly every day

3. Little interest or pleasure in doing things

   (0) No days (1) Several days (2) 7 or more days (3) Nearly every day

4. Feeling down, depressed, or hopeless

   (0) No days (1) Several days (2) 7 or more days (3) Nearly every day

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5. How often do you have a drink containing alcohol?

   (0) Never (1) Monthly or less (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week

6. How many standard drinks containing alcohol do you have on a typical day when you are drinking?

   (0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7 to 9 (4) More than 10

7. How often do you have six or more drinks on one occasion?

   (0) Never (1) Monthly or less (2) Monthly (3) Weekly (4) Daily or almost daily

8. In the past 12 months, did you use anything else to get high?
   (Including illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)

   (0) No (1) Yes