Lake Region Family Planning

HEALTH RISK/SUD RISK

Name:

Date:

"I do not smoke, drink, or use drugs." True/False

**** If the above statement is true, **STOP!!** Skip to back page ***

Otherwise, continue:

PART A
Do you use tobacco? **Yes/No** □ smoke □ chew * Vape * E-cigarette
Tobacco Status: □ Current □ Every Day □ Current Some Day □ Former □ Never
If 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**

"I do not drink or use drugs." True/False

**** If the above statement is true, **STOP!!** Skip to back page**

Otherwise, continue:

PART B	
In the PAST 12 MONTHS, how many DAYS did you: (estimate if unsure)	
Drink more than a few sips of beer, wine, or alcohol beverage? **No/Yes # of days** ___ I consider myself: **(CIRCLE)** an occasional drinker, daily drinker, binger drinker, non-drinker	
Use marijuana or synthetic marijuana? **No/Yes # of days**_____	Use anything else to get high? **No/Yes # of days** _____
Abuse prescription medication? **No/Yes # of days** _____	Get "high" by: (circle) Smoking - Snorting -Ingesting - Injecting

PART C	
In the PAST 12 MONTHS did you:	
1)Ride in a CAR driven by some (including yourself) who was "high" or "drunk"?	Yes/No
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 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, for: □alcohol □drugs □both □n/a**	

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. ****"NA" if you still live with parent(s).	**Yes/No NA**
I have been forced to have sex for housing, money, or drugs.	**Yes/No**
I am in an abusive relationship now. Emotional Physical Verbal Sexual (partner/ incest/molestation)	**Yes/No**
I <u>used to be</u> in an abusive relationship. Emotional Physical Verbal Sexual (partner/ incest/molestation)	**Yes/No**
I suffer from the adverse childhood effects of abuse/trauma.	**Yes/No**
I need to see a counselor/therapist for past or present abuse?	**Yes/No**
I use self-harm (cutting, burning, etc.) to relieve emotional pain.	**Yes/No**
I have been bullied at home, work, online, or school and can't find a solution.	**Yes/No**
I have job/employment related stress that is making life unbearable.	**Yes/No**
I have family/marital 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**

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