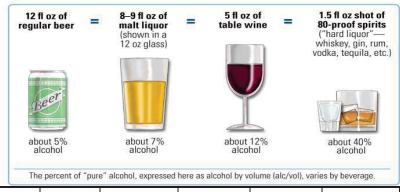


Adult Wellbeing Questionnaire

to indicate your answer. Use

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several d		ore than alf the days	Nearly every day
1. Little interest or pleasure in doing things	0	1		2	3
2. Feeling down, depressed, or hopeless	0	1		2	3
3. Feeling nervous, anxious or on edge	0	1		2	3
4. Not being able to stop or control worrying	0	1		2	3
			·	1	
In the past 12 months:	0	1	2	3	4
 5. For Females: How often did you have 4 or more drinks containing alcohol in a day? For Males: How often did you have 5 or more drinks containing alcohol in a day? 	Never	Less than once a month	Monthly	Weekly	Daily or almost daily
		and a second	No. Control	CO.N.	

One standard drink:



For Office Use Only: [] Reviewed by provider

] Drug/Alcohol Brief Counseling done by PC Staff [] Drug/Alcohol Brie [] Entered into EPIC