

PURPOSE & CONNECTION / MENTAL HEALTH

9. Over the past 2 weeks, how often have you...	Not at all	Several days	More than half the days	Nearly every day
a. Felt like your life had purpose or meaning?	3	2	1	0
b. Connected with any support network (e.g. community, spiritual, friends/family, nature, yoga, or meditation)?	3	2	1	0
c. Been bothered by little interest or pleasure in doing things?	0	1	2	3
d. Been bothered by feeling down, depressed or hopeless?	0	1	2	3
e. Been bothered by feeling nervous, anxious or on edge?	0	1	2	3
f. Been bothered by worrying too much about different things?	0	1	2	3

SMOKING/SUBSTANCE USE

Have you used any of the following substances in the past year?

10. NICOTINE (cigarettes, e-cigarettes/vaping, cigars)

Yes No

If you marked "YES", how many cigarettes do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding nicotine?

0	1	2	3	4	5
No Concern				High Concern	

11. ALCOHOL (beer, wine, liquor)

Yes No

If you marked "YES", how much alcohol do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your alcohol use?

0	1	2	3	4	5
No Concern				High Concern	

12. RECREATIONAL DRUGS (cocaine, heroin, meth, etc.)

Yes No

If you marked "YES", how much do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your recreational drug use?

0	1	2	3	4	5
No Concern				High Concern	

13. MARIJUANA

Yes No

If you marked "YES", how much marijuana do you usually use? _____ a day

If you marked "YES", circle what level of concern you have regarding your marijuana use?

0	1	2	3	4	5
No Concern				High Concern	

MOTIVATION

14. Please rank the top THREE areas you are most motivated to change in order to improve your current overall LEVEL OF HEALTH (1 being most motivated).

Sleep _____	Weight Management _____	Nutrition _____
Exercise _____	Purpose & Connection _____	Mental Health _____
Substance Use _____		

What motivates you to be healthier? _____

Patient Name: _____ DOB: _____