



**Brief health screen: Adults 60+**

We ask all our program participants about alcohol and substance use because it can affect your health and well-being. Your answers will remain confidential.



**Alcohol Use:**

	0	1	2	3	4	
1. How often do you have a drink containing alcohol? <i>If Never, skip to Question 4 below.</i>	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many standard drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 to 4	5 to 6	7 to 9	10 or more	
3. How often do you have 4 or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
<i>If total is 3 or higher, this is a positive prescreen.*</i>					Total	

**Other Substance Use:**

4. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons (for example, because of the experience or feeling it caused)?

*If response is 1 or greater, this is a positive prescreen.\**

5. Have you used any cannabis over the past six months?      Yes       No

*If response is yes, this is a positive prescreen.\**

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\*Complete ASSIST-LITE full screen for POSITIVE prescreen results.