



# BEHAVIORAL HEALTH SURVEY



Please answer the following and bring this completed form to your healthcare provider when you do your Periodic Health Update (PHU).

Name	SERNO	Date (mm/dd/yyyy)
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## AUDIT-C

1. How often did you have a drink containing alcohol in the past year?  
\_\_\_\_\_
2. How many drinks did you have on a typical day when you were drinking in the past year?  
\_\_\_\_\_
3. How often did you have six or more drinks on one occasion in the past year?  
\_\_\_\_\_
4. SCORE \_\_\_\_\_

## PHQ-2

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.  
\_\_\_\_\_
2. Feeling down, depressed, or hopeless.  
\_\_\_\_\_
3. SCORE \_\_\_\_\_

## GAD-2

Over the past two weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge.  
\_\_\_\_\_
2. Not being able to stop or control worrying.  
\_\_\_\_\_
3. SCORE \_\_\_\_\_

*(continued on next page)*

**PC-PTSD-5**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

Yes      No

**If no, screen total = 0. Please stop here.**

If yes, please answer the questions below.

**In the past month, have you...**

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?  
\_\_\_\_\_
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?  
\_\_\_\_\_
3. been constantly on guard, watchful, or easily startled?  
\_\_\_\_\_
4. felt numb or detached from people, activities, or your surroundings?  
\_\_\_\_\_
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  
\_\_\_\_\_
6. SCORE \_\_\_\_\_

**Note to provider**

The above questionnaire contains four validated basic screening surveys to detect the possible presence of alcohol abuse, depression, anxiety, and post-traumatic stress disorder. Based on the literature, the threshold "positive" scores are as follows:

AUDIT-C	GAD-2	PHQ-2	PC-PTSD 5
Males ≥4, Females ≥3	≥3	≥ 3	≥3

If you are examining a Commissioned Corps officer who has any of the screens "positive", we ask that you address it in whichever way that you feel is professionally appropriate. Please document your discussion with the officer (DD-2807 or equivalent) and any further recommended evaluation or treatment (DD-2808 or equivalent). Please acknowledge that you have reviewed this form.

Health Provider's Name	Health Provider's Signature	Date reviewed (mm/dd/yyyy)
_____	_____	_____