LITTLETON INTERNAL MEDICINE
ASSOCIATES

Specialists in Prevention Diagnosis and Treatment of Adult Illness

MOOD & ALCOHOL QUESTIONNAIRE

CIRCLE YOUR ANSWER.

Today's Date: _____

Name: _____ Date of Birth: _____

MOOD QUESTIONNAIRE

YES	NO	Anxiety?
YES	NO	Crying Spells?
YES	NO	Depression?
YES	NO	Feeling Stressed?
YES	NO	Increased Irritability?
YES	NO	Feeling Tired/Fatigue?
YES	NO	Loss of interest in things?
YES	NO	Personality change?
YES	NO	Drug use?
YES	NO	Increased use of alcohol?
YES	NO	Sadness?
YES	NO	Sleep problems?
YES	NO	Suicidal thoughts?

ALCOHOL QUESTIONNAIRE

YES	NO	Do you drink alcohol?	If no, skip questions below.
YES	NO	Have you tried to cut down on drinking alcohol?	
YES	NO	Have others asked you to cut back on your alcohol use?	
YES	NO	Do you feel guilty about your amount of alcohol use?	
YES	NO	Do you ever drink in the morning?	

Arapahoe Medical Plaza III | 7780 South Broadway, Suite 100
Littleton, Colorado 80122

303.798.9996 | www.littletoninternal.com