

5. Have you been hospitalized for treatment of psychiatric or emotional problems? Never In past In last year

6. How would you describe your tobacco use (cigarettes, chewing tobacco, etc)?
 Current user Quit in past year Quit more than one year ago Never used

7. a. Do you **currently** drink alcohol at all? No Yes

b. Have you felt that you might have an alcohol problem, been diagnosed with an alcohol problem, or been in detox, hospitalized, or otherwise treated for an alcohol problem? Never In past In last year

c. In the **past year**, how often did you have a drink containing alcohol?
 Never Monthly or less 2 to 4 times a month 2 to 3 times a week 4 or more times a week

d. In the past year, how many drinks containing alcohol did you have on a typical day when you were drinking?
 0 - don't drink 1 to 2 3 to 4 5 to 6 7 to 9 10 or more

e. In the past year, how often did you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily

f. What was the approximate date of your last alcohol use? /
M M Y Y Y Y

8. a. Do you currently use **recreational, nonprescribed** drugs at all? No Yes

b. Have you felt that you might have a drug problem, been diagnosed with a drug problem, or been in detox, hospitalized or otherwise treated for a drug problem? Never In past In last year

c. Please list below the **recreational, nonprescribed** drug or drugs that you have used most:

9. Are you interested in receiving more information about the following opportunities at the Portland VAMC?

a. Hepatitis C information programs for veterans and their loved ones. Yes No
b. Monthly hepatitis C support groups for veterans and their loved ones. Yes No