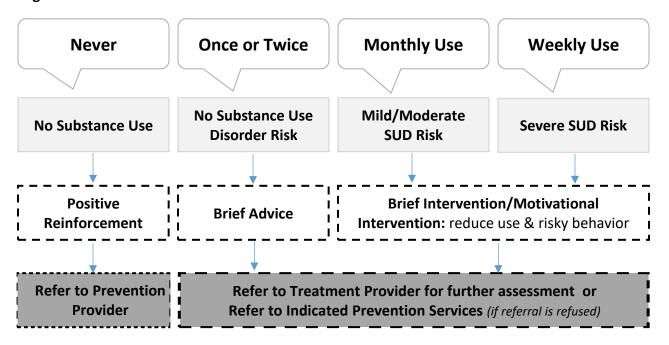
PREVENTION SCREENING TOOL

In the past year, how many times have you used [X]?	Never	Once or Twice	Monthly	Weekly
1. Alcohol				
2. Marijuana				
3. Prescription drugs that were not prescribed for you (i.e. Pain Medication or Adderall)	or 🗆			
4. Methamphetamine				
5. Other Illicit Drugs				

Algorithm



Revised: 4/30/21

DPH-SAPC Prevention Screening Tool