Pre-Screen for WOMEN (18-65 years) and Anyone 66+ YEARS OLD

KWA

One Standard Drink:

3oz of Soju
(2 Soju shots)

=

7.5oz of Makgeoli
(A cup of short coffee)

=

1.2oz of Moutai
(1 Moutai shot)

=

12oz of Beer
(1 can of beer)

Please answer the questions below.	None (0)	1 or More
1. How many times in the past year have you had **4 or more drinks in a day**?		
2. How many times in the past year have you used **tobacco**?		
3. How many times in the past year have you used an **illegal drug** or used a **prescription medication for non-medical reasons**?		

Over the last 2 weeks, how often have you been bothered by any of the following problems?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
4. Little interest or pleasure in doing things	0	1	2	3
5. Feeling down, depressed, or hopeless	0	1	2	3

Pre-Screen for MEN (18-65 years)

KWA

One Standard Drink:

3oz of Soju
(2 Soju shots)

=

7.5oz of Makgeoli
(A cup of short coffee)

=

1.2oz of Moutai
(1 Moutai shot)

=

12oz of Beer
(1 can of beer)

Please answer the questions below.	None (0)	1 or More
1. How many times in the past year have you had **5 or more drinks in a day**?		
2. How many times in the past year have you used **tobacco**?		
3. How many times in the past year have you used an **illegal drug** or used a **prescription medication for non-medical reasons**?		

Over the last 2 weeks, how often have you been bothered by any of the following problems?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
4. Little interest or pleasure in doing things	0	1	2	3
5. Feeling down, depressed, or hopeless	0	1	2	3

Alcohol Use Disorders Identification Test (AUDIT)

KWA

One Standard Drink:

3oz of Soju

(2 Soju shots)

7.5oz of Makgeoli

(A cup of short coffee)

1.2oz of Moutai

(1 Moutai shot)

12oz of Beer

(1 can of beer)

In the past 12 months…	**0**	**1**	**2**	**3**	**4**	
1. How often do 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	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Drug Abuse Screening Test (DAST)

KWA

In the past 12 months…	YES	NO
1. Have you used drugs other than those required for medical reasons?		
2. Do you abuse more than one drug at a time?		
3. Are you unable to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your spouse (or parents) ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)?		
Total (1 for each Yes):		

Patient Health Questionnaire-9 (PHQ-9)

KWA

Over the last 2 weeks, how often have you been bothered by any of the following problems?	**NOT AT ALL**	**SEVERAL DAYS**	**MORE THAN HALF THE DAYS**	**NEARLY EVERY DAY**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowing that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

0 **+ _____ + _____ + _____**

= Total Score: _____

If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Generalized Anxiety Disorder-7 (GAD-7)

KWA

Over the last 2 weeks, how often have you been bothered by any of the following problems?	**NOT AT ALL**	**SEVERAL DAYS**	**MORE THAN HALF THE DAYS**	**NEARLY EVERY DAY**
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score T _____ **=** _____ **+** _____ **+** _____