Brief Screening Instrument (BSI) Questions

Q1 - 1. Are you a Veteran (Circle One)	YES	NO
<b>Q2</b> - 2. How Old are You		
Q3 - 3. Sex (Circle One)	Male	Female

Q4 - 4. Do you drink coffee, tea or cola (Coke, Pepsi, Etc.) with Caffeine almost every day? (Circle One) YES NO

**Q5** - 5. On days when you drink coffee, tea, or other beverages containing caffeine, about how many total cups and/or glasses of these do you drink?

	1	2	3	4	5	6	7	8	9	10 or more
Q6A	– Do y	ou add	salt to y	your foc	od while	e cookir	ng?	YES		NO
<b>Q6B</b>	– Do ye	ou add	salt to y	our foc	d for ta	iste at th	ne table?	YES		NO
Q6C	– Do y	ou add	salt to y	your foc	d befor	e tastin	g?	YES		NO

Q7 – How many packs of cigarettes do you smoke each day? (Circle One)

Don't Smoke 1 2 3 4 or more

**Q8A** – How many days each week do you usually eat bacon, sausage, ham, luncheon meats or fried foods?

1 2 3 4 5 6 7

**Q8B** – Have you ever been told that you have high blood pressure? YES NO

Q9 - 9. Do you usually drink alcoholic beverages, including beer, wine, and liquor at least once every week? YES NO

In the following questions, one drink =	One glass of wine
	One can, glass or bottle of beer
	One mixed drink
	One shot of liquor

Q10 – On days when you drink, how many drinks do you usually have? (Circle One)

1 2 3 4 5 6 7 8 9 10 or more

**Q11** – Over the past six months, how many days per week did you typically drink like this? (Circle One)

1 2 3 4 5 6 7

**Q12**. How many days per week do you perform exercise that works up a sweat and increases your breathing and heart rate for at least 15 minutes? (Circle One)

1 2 3 4 5 6 7

**Q13A**. During the past 6 months, how many days per week do you feel that you have been exposed to high levels of emotional stress?

1 2 3 4 5 6 7

Q13B. Have you ever been told you have high blood pressure? YES NO