

MONTANA STATE VETERANS' HOME
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES



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To our prospective Admit/Family:

The staff at the Montana Veterans' Home seeks to offer excellent care to our residents. In order to do this, it is necessary to know as much as possible about the men and women who are applying for admission. Alcohol and tobacco product use in the 12 months before admission is very helpful for our ability to make you comfortable during this transitional time after admission. The most important reason is if alcohol intake exceeds a certain amount, going without that amount of alcohol after admission can have very serious physical, mental and emotional consequences for the person. Some of these consequences may include increased heart rate, elevated blood pressure, increased anxiety and irritability, nausea and/or vomiting, hallucinations and seizures. Because these consequences are serious, you are asked to answer the following questions honestly. If the answers indicate a potential risk of serious consequences if alcohol intake is abruptly stopped, we will work with you to help ensure a happy, healthy and safe transition to the Montana Veterans' Home.

Please note: All medical information is held in strict confidence.

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ALCOHOL USE

NAME: _____ DATE: _____
(printed name of resident)

Please read each question carefully, and select (circle) the correct answer for you, or for your loved one.

1. How often do you have a drink containing alcohol?

Every day 5-6 days a week 3-4 days a week 1-2 days a week never

2. How many drinks containing alcohol did you have on a typical day where you were drinking in the past year?

None 1-2 drinks 3-4 drinks 5-6 drinks more than 6 drinks

3. Quite a number of people have times when they drink more than usual; What is the most you will drink in any one day?

None 1-2 drinks 3-4 drinks 5-6 drinks more than 6 drinks

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TOBACCO USE

NAME: _____ DATE: _____
(printed name of resident)

Please read each question carefully, and select (circle) the correct answer for you, or for your loved one. Describe where it applies.

1. How often do you smoke or chew tobacco?

Daily 5-6 days a week 3-4 days a week 1-2 days a week never

2. How many cigarettes, cigars, chew do you have on a typical day in the past year? If cigars, pipe or chew is used, please describe how much daily.

None 1-3 cigs 4-10 cigs 12-pack more than a pack a day

3. How Long have you smoked or chewed tobacco products?

None < 12 months 1-5 years 5-10 years > 10 years