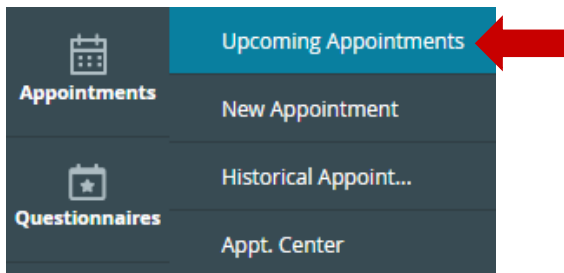




eCW Patient Portal Questionnaire Web Browser

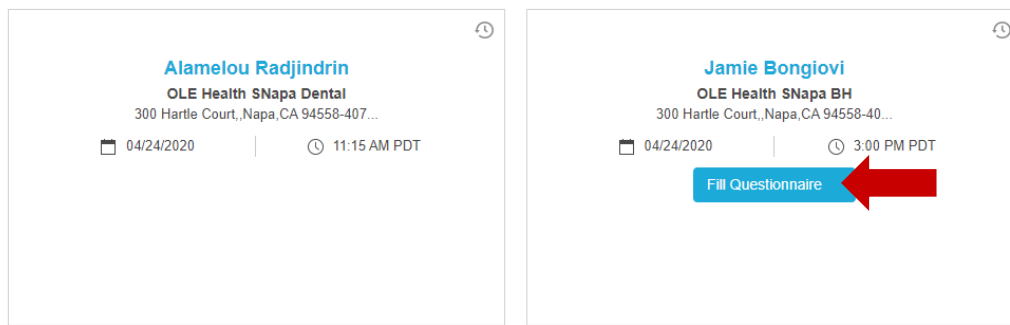
If you were asked to fill out a questionnaire prior to your appointment, please logon to [OLE Health Patient Portal](#).

1. From the Dashboard, hover over 'Appointments', click 'Upcoming Appointments'



2. Appointments that require completion of questionnaire, will have 'Fill Questionnaire' button. Click 'Fill Questionnaire' to launch questions.

APPOINTMENTS SCHEDULED IN THE PAST 24 HOURS



3. Answer questions to the best of your ability. Once you have completed click 'Submit Request' located at the bottom, of questionnaire.

AUDIT C

1. How often do you have a drink containing alcohol? (Con que frecuencia consume alguna bebida alcoholica?)

- Never/Nunca
- Monthly or less/ Una o menos veces al mes
- 2-4 times per month/ 2 a 4 veces al mes
- 2-3 time per week/ 2 a 3 veces a la semana
- 4+ times per week/ 4 o mas veces a la semana

2. How many units of alcohol do you drink on a typical day when you are drinking? (Cuantas bebidas alcoholicas suele realizar en un dia de consumo normal?)

- 0
- 1-2
- 3-4
- 5-6
- 7-9
- 10+

3. How often have you had 6 or more units on a single occasio in the last year? (Con que frecuencia toma 6 o mas bebidas alcoholicas en un solo dia?)

- Never/Nunca
- Monthly or les/ Menos de una vez al mes
- Monthly/ Mensualmente
- Weekly/ Semanalmente
- Daily or almost daily/ A diario o casi a diario

Submit Request