



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR HEALTHY FAMILIES AND YOUTH
PERINATAL RISK ASSESSMENT FOR SUBSTANCE USE

CLIENT NAME	PROVIDER NAME	DATE
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When a pregnant woman drinks, smokes or uses drugs, so does her baby. In order to help you have a healthy pregnancy and healthy baby, please answer the following questions honestly.

TOBACCO	OTHER DRUGS
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1. Choose the statement that best describes your smoking status:

- A. I have NEVER smoked or have smoked less than 100 cigarettes in my lifetime.
- B. I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
- C. I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
- D. I smoke some now, but I have cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
- E. I smoke regularly now, about the same as BEFORE I found out I was pregnant.

A referral should be offered to all women who chose answer D or E.

- Patient refused referral for smoking cessation.
- Referral was made on this patient for smoking cessation to:

ALCOHOL

NOTE: 1 Drink = the alcohol contained in 1 oz. of Liquor, 1-12 oz. Beer, 1-5 oz. glass of Wine

2. In the month before finding out you were pregnant, how many drinks of alcohol did you typically have per week?

- None _____ # of drinks per week

3. In the last week, how many drinks of alcohol have you had?

- None _____ # of drinks

4. Have you ever felt you ought to cut down on your drinking?

- Yes No

5. Have people annoyed you by criticizing your drinking?

- Yes No

6. Have you ever felt bad or guilty about your drinking?

- Yes No

7. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

- Yes No

8. Have you ever felt badly or guilty about the consequences that have occurred because of your drinking?

- Yes No

9. Do you feel you have a problem with alcohol?

- Yes No

A referral should be offered to all women who respond affirmatively to any of questions 2 through 9.

- Patient refused referral for alcohol use.
- Referral was made on this patient for alcohol use to:

10. Have you ever used:

NEVER IN THE PAST SINCE BECAME

Marijuana

(grass, weed, joint, blunt, primo, blast, bud, torpedo, wicky stick, whack, dope, herb, pot, reefer, skunk, sinsemilla, ganja)

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Cocaine

(coke, crack, base, blow, toot, rock, snow, uptown, C, flake, girl, bump, candy, Charlie)

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Amphetamines

(meth, crank, uppers, speed, X, ecstasy, crystal, ice, b-bombs, chalk, fire, kronic, glass, go fast, ephedrine, bennies)

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Hallucinogens

(LSD, acid, love drug, cactus, buttons, peyote, PCP, angel dust, zombie, supercools, green, wet, water, boomers, peace pill, cubes)

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Sedatives

(tranquilizers, diazepines-blues, downers, rainbows, ludes, reds, barbs, red birds, phennies, adavan, xanax, valium)

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Narcotics

(codeine, demerol, percodan, heroin, vicodin, methadone, schoolboy, smack, junk, downtown, oxycontin, boy)

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Inhalants

(huffing, huffing tuleo, glue, kick, poppers, snappers, rush, buzz bomb, huff, pearls, spray)

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Club Drugs

(X, ecstasy)

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If answered NEVER to all other drugs – End Questioning.

11. Have you ever felt you ought to cut down on your drug use?

- Yes No

12. Have people annoyed you by criticizing about your drug use?

- Yes No

13. Have you ever felt bad or guilty about your drug use?

- Yes No

14. Have you ever used drugs first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

- Yes No

15. How long have you been using drugs, and when was the last time you used drugs?

of Years Using _____ Last time used _____

16. Have you ever felt bad or guilty about consequences that occurred because of your drug use?

- Yes No

17. Do you feel you have a problem with using drugs?

- Yes No

A referral should be offered to all women who respond affirmatively to any of questions 10 through 17.

- Patient refused referral for drug use.
- Referral was made on this patient for drug use to:
