## Behavioral Health Risks Screening Tool for Pregnant Women

**Patient/Client Name** ____________________________  **DOB** __________

**Is patient pregnant?**  [ ] YES  [ ] NO  **Gestational Age** ____________________________  **Date** __________

**Provider Site** ____________________________  **Screener Name** ____________________________

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children’s health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use? [ ] YES  [ ] NO

2. Do any of your friends have a problem with alcohol or other drug use? [ ] YES  [ ] NO

3. Does your partner have a problem with alcohol or other drug use? [ ] YES  [ ] NO

4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? [ ] YES  [ ] NO

5. Check YES if she agrees with any of these statements.
   - In the past month, have you drunk any alcohol or used other drugs? [ ] YES  [ ] NO
   - How many days per month do you drink? ______
   - How many drinks on any given day? ______
   - How often did you have 4 or more drinks per day in the last month? ______

6. Have you smoked any cigarettes or used any tobacco products in the past three months? [ ] YES  [ ] NO

7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?  [ ] YES  [ ] NO

8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid? [ ] YES  [ ] NO

### Provider Use Only

**Brief Intervention/Brief Treatment**  

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<thead>
<tr>
<th>Brief Intervention/Brief Treatment</th>
<th>Y</th>
<th>N</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Did you State your medical concern?</td>
<td>[ ]</td>
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<tr>
<td>Did you Advise to abstain or reduce use?</td>
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<tr>
<td>Did you Check patient’s reaction?</td>
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<td>Did you Refer for further assessment?</td>
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<td>Did you Provide written information?</td>
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Refer to mental health program.

Refer to tobacco cessation program or addictions and/or recovery programs.

Refer to domestic violence prevention.

Review risk.

Develop a follow-up plan with patient.

Moderate drinking for non-pregnant women is one drink per day. Women who are pregnant or planning to become pregnant should not use alcohol, tobacco, illicit drugs or prescription medication other than as prescribed.

Developed by the Institute for Health and Recovery (IHR), Massachusetts, February, 2007. Adapted by the Southern Oregon Perinatal Task Force in partnership with AllCare Health Plan, Oregon, May 2013.