



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
PERINATAL ASSESSMENT FOR SUBSTANCE USE

CLIENT NAME	PROVIDER NAME	DATE
-------------	---------------	------

In order to help you have a healthy pregnancy and baby, please answer the following questions.

TOBACCO (CIGARETTES, VAPES, OR CHEW)

1. Choose the statement that best describes your tobacco use:
- A. I have NEVER used a tobacco product (smoked less than 100 cigarettes).
 - B. I stopped using tobacco products BEFORE I found out I was pregnant, and I am not using them now.
 - C. I stopped using tobacco products AFTER I found out I was pregnant, and I am not using them now.
 - D. I use some tobacco products now, but I have cut down SINCE I found out I was pregnant.
 - E. I use tobacco products regularly now, about the same as BEFORE I found out I was pregnant.

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

- Patient declined referral for tobacco cessation.
- Referral was made for this patient for tobacco cessation to: _____

ALCOHOL

NOTE: 1 Drink = 1.5 oz. of spirit (about 40% alcohol), 12 oz. of beer, 5 oz. of wine (about 12% alcohol), or 8-9 oz. malt liquor (about 7% alcohol)

- 2. Since finding out I am pregnant, I typically have ____ alcoholic drinks per week. None
- 3. In the last week, I have had ____ alcoholic drinks. None
- 4. I have felt I ought to cut down on my drinking.
 Yes No
- 5. People have annoyed me by criticizing my drinking.
 Yes No
- 6. I have felt uneasy about the way I drink.
 Yes No
- 7. I have had a drink first thing in the morning to steady my nerves or get rid of a hangover (eye-opener).
 Yes No
- 8. I have felt uneasy about the consequences that have occurred because of my drinking.
 Yes No
- 9. I feel I have a problem with alcohol.
 Yes No

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

- Patient declined referral for alcohol use.
- Referral was made for this patient for alcohol use to: _____

OTHER DRUGS

10. I have used drugs:	NEVER	IN THE PAST	CURRENTLY USING
Cannabis/Marijuana (pot, grass, hash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (coke, crack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine (speed, crystal meth, ice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Narcotics (heroin, opium, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If answered NEVER to all other drugs – Stop Here.

11. I have felt I should cut down on my drug use.

Yes No

12. People have annoyed me by criticizing my drug use.

Yes No

13. I have felt uneasy about my drug use.

Yes No

14. I have used drugs first thing in the morning to steady my nerves or get rid of a hangover (eye-opener).

Yes No

15. I have used drugs for ____ years. The last time I used drugs was _____.

16. I have had “blackouts” or “flashbacks” because of drug use.

Yes No

17. I feel I have a drug problem.

Yes No

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

Patient declined referral for drug use.

Referral was made for this patient for drug use to: _____

MILITARY BENEFITS/SERVICE

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission's website.