



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
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:

- | | NEVER | IN THE PAST | CURRENTLY USING |
|---|--------------------------|--------------------------|--------------------------|
| Marijuana
(grass, weed, joint, blunt, primo, blast, bud, torpedo, wicky stick, whack, dope, herb, pot, reefer, skunk, sinsemilla, ganja) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cocaine
(coke, crack, base, blow, toot, rock, snow, uptown, C, flake, girl, bump, candy, Charlie) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Amphetamines
(meth, crank, uppers, speed, X, ecstasy, crystal, ice, b-bombs, chalk, fire, kronic, glass, go fast, ephedrine, bennies) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hallucinogens
(LSD, acid, love drug, cactus, buttons, peyote, PCP, angel dust, zombie, supercools, green, wet, water, boomers, peace pill, cubes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sedatives
(tranquilizers, diazepines-blues, downers, rainbows, ludes, reds, barbs, red birds, phennies, adavan, xanax, valium) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Narcotics
(codeine, demerol, percodan, heroin, vicodin, methadone, schoolboy, smack, junk, downtown, oxycontin, boy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inhalants
(huffing, huffing tuleo, glue, kick, poppers, snappers, rush, buzz bomb, huff, pearls, spray) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Club Drugs
(X, ecstasy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-Prescribed Prescription Drugs
(Oxycodone, Fentanyl, Clonazepam, sleep aids, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 had "blackouts" or "flashbacks" because of 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:

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 you were pregnant, how many drinks of alcohol do 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 per week
- 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:
