KAISER PERMANENTE®

Date: _____ Fac: _____

IMPRINT AREA

PRENATAL SCREENING QUESTIONNAIRE

Dear Expecting Mother:

We would like you and your baby to be as healthy as possible. Please answer the following questions as completely and honestly as you can. This information will be shared with your Kaiser Permanente prenatal care providers. ***PLEASE COMPLETE BOTH PAGES.***

When is your baby due? _____/_____/_____ (use your best guess) Today's date: _____/_____/_____
MONTH DAY YEAR MONTH DAY YEAR

1. Has anyone in your family ever had an alcohol or drug problem? . . . . . ☐Yes ☐No
   If yes, who? _____
2. If you have a partner, are you concerned about your partner's use of alcohol or drugs? . . . . . ☐Yes ☐No
3. Have you occasionally drunk more alcohol or used more drugs than you planned and/or spent more money on drugs or alcohol than you planned? . . . . . ☐Yes ☐No
4. Have you ever felt you ought to cut down on your drinking or drug use? . . . . . ☐Yes ☐No
5. Have people annoyed you by criticizing your drinking or drug use? . . . . . ☐Yes ☐No
6. Do you feel you may have trouble staying off cigarettes, alcohol or drugs during your pregnancy? . . . . . ☐Yes ☐No
7. How many alcoholic drinks does it take for you to begin to feel the effects of alcohol? . . . . . _____ drinks

***IN GENERAL,* HOW OFTEN HAVE YOU USED THE FOLLOWING:**
*(For each section below, please put a check mark in the column that applies to you and fill in **HOW MUCH**.)*

I. IN THE 12 MONTHS BEFORE YOU WERE PREGNANT?	NEVER	MONTHLY OR LESS	WEEKLY	DAILY	HOW MUCH?
Alcohol (wine, beer, liquor, etc.)	☐	☐	☐	☐	_____
Nicotine (cigarettes, nicorette gum, etc.)	☐	☐	☐	☐	_____
Sleep medication (Dalmane, Halcion, etc.)	☐	☐	☐	☐	_____
Pain medication (Codeine, Darvon, Vicodin, etc.)	☐	☐	☐	☐	_____
Anxiety medication (Valium, Xanax, etc.)	☐	☐	☐	☐	_____
Marijuana	☐	☐	☐	☐	_____
Cocaine or Crack	☐	☐	☐	☐	_____
Methamphetamine (Speed, Crank, Ecstasy, Ice, etc.)	☐	☐	☐	☐	_____
Heroin or Methadone	☐	☐	☐	☐	_____
II. SINCE PREGNANCY					
Alcohol (wine, beer, liquor, etc.)	☐	☐	☐	☐	_____
Nicotine (cigarettes, nicorette gum, etc.)	☐	☐	☐	☐	_____
Sleep medication (Dalmane, Halcion, etc.)	☐	☐	☐	☐	_____
Pain medication (Codeine, Darvon, Vicodin, etc.)	☐	☐	☐	☐	_____
Anxiety medication (Valium, Xanax, etc.)	☐	☐	☐	☐	_____
Marijuana	☐	☐	☐	☐	_____
Cocaine or Crack	☐	☐	☐	☐	_____
Methamphetamine (Speed, Crank, Ecstasy, Ice, etc.)	☐	☐	☐	☐	_____
Heroin or Methadone	☐	☐	☐	☐	_____

PLEASE CONTINUE ON PAGE 2

08364-000 (REV. 6-07) FOR SPANISH USE -001, CHINESE -002 **DISTRIBUTION:** BLUE = CHART • WHITE = DOR • PINK = EARLY START SPECIALIST