Patient/Client Name: _____ Date: _____
Screener Name: _____ Date: _____
Reviewed by Qualified Provider: _____ Date: _____

Behavioral Health Risks Screening Tool

for Pregnant Women and Women of Childbearing Age

Provider Tool

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. Have you smoked any cigarettes or used any tobacco products in the past three months? **TOBACCO**					YES ☐			NO ☐
2. Did any of your parents have a problem with alcohol or other drug use? **PARENTS**		YES ☐						NO ☐
3. Do any of your friends have a problem with alcohol or other drug use? **PEERS**		YES ☐						NO ☐
4. Does your partner have a problem with alcohol or other drug use? **PARTNER**					YES ☐			NO ☐
5. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? **PAST**					YES ☐			NO ☐
6. *Check* **YES** *if she agrees with any of these statements.* In the past month, have you drunk any alcohol or used other drugs? - 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**? _____ **PRESENT**					YES ☐			NO ☐
7. *Check* **YES** *if she agrees with any of these statements.* In the past 7 days, have you: - Blamed yourself unnecessarily when things went wrong? - Been anxious or worried for no good reason? - Felt scared or panicky for no good reason? **EMOTIONAL HEALTH**							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? **VIOLENCE**				YES ☐				NO ☐

Review risk.

Review substance use, set healthy goals.

Review and/or administer full AAS or Relationship Assessment Tool / WEB screening. See instructions.

Review and/or administer PHQ-9 if not pregnant / Edinburgh PDS-10 if pregnant. See instructions.

Develop a follow up plan with patient.

PROVIDER USE ONLY

Brief Intervention/Brief Treatment	Y	N	NA
Did you **S**tate your medical concern?			
Did you **A**dvise to abstain or reduce use?			
Did you **C**heck patient's reaction?			
Did you **R**efer for further assessment?			
Did you **P**rovide written information?			

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.

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