

5Ps Prenatal Substance Abuse Screen for Alcohol, Drugs and Tobacco

Develop a comfortable rapport with the client. Advise the client that the responses she provides are confidential and may only be used for her evaluation and treatment. Let her know that if she has discomfort with any topic on the questionnaire “No Answer” is an acceptable response. We recommend this so that women don’t feel pressured and will return for further prenatal care

1. Did any of your *parents* have a problem with using alcohol or drugs?
 - a. Yes
 - b. No
 - c. No Response

2. Do any of your friends (*peers*) have problems with drug or alcohol use?
 - a. Yes
 - b. No
 - c. No Response

3. Does your *partner* have a problem with drug or alcohol use?
 - a. Yes
 - b. No
 - c. No Response

4. Before you knew you were *pregnant*, how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?
 - a. Not at all
 - b. Rarely
 - c. Sometimes
 - d. Frequently
 - e. No Response

5. In the *past* month, how often did you drink beer, wine, wine coolers or liquor or use any kind of drug?
 - a. Not at all
 - b. Rarely
 - c. Sometimes
 - d. Frequently
 - e. No Response

6. How much did you *smoke* before you knew you were pregnant?
 - a. Don’t smoke
 - b. 1/2 pack/day
 - c. 1 pack/day
 - d. 1-2 packs
 - e. No response