

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

Date: _____
 Date: _____
 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 <input type="checkbox"/>	NO <input type="checkbox"/>
2. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do any of your friends have a problem with alcohol or other drug use?	PEERS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Does your partner have a problem with alcohol or other drug use?	PARTNER	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>

PROVIDER USE ONLY

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.

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.

Brief Intervention/Brief Treatment	Y	N	NA
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for further assessment?			
Did you Provide written information?			