

Patient/Client Name: _____

Date: _____

Reviewed by Qualified Provider: _____

Date: _____

Behavioral Health Risks Screening Tool

for Pregnant Women and Women of Childbearing Age

Patient/Client 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?		YES <input type="checkbox"/>			NO <input type="checkbox"/>
2. Did any of your parents have a problem with alcohol or other drug use?	YES <input type="checkbox"/>				NO <input type="checkbox"/>
3. Do any of your friends have a problem with alcohol or other drug use?	YES <input type="checkbox"/>				NO <input type="checkbox"/>
4. Does your partner have a problem with alcohol or other drug use?		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?		YES <input type="checkbox"/>			NO <input type="checkbox"/>
6. Check YES if you agree 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? _____		YES <input type="checkbox"/>			NO <input type="checkbox"/>
7. Check YES if you agree 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?				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?			YES <input type="checkbox"/>		NO <input type="checkbox"/>

