Alaska Substance Exposed Newborns Initiative

–DO NOT FOLD THIS FORM–

Date: M M - D D - Y Y Y Y

Age:

Previous live births:

Please indicate dates when any prenatal counseling services were started:

Counseling for Substances: M M - D D - Y Y Y Y

Depression/mental health: M M - D D - Y Y Y Y

Other Services:_____ M M - D D - Y Y Y Y

Use black ink to mark [X]

Parents	Did either of your parents have any problems or struggle with drugs or alcohol?	☐ No	☐ Yes
Partner	Does your partner have any problems or struggle with drugs or alcohol?	☐ No	☐ Yes
	Are you feeling unsafe in any way in your relationship with your current partner?	☐ No	☐ Yes
Past	Have you ever drunk beer/wine/liquor?	☐ No	☐ Yes
	Over the past two weeks, have you been bothered by any of the following problems: Little Interest or pleasure in doing things or feeling down, depressed, or hopeless?	☐ No	☐ Yes
Pregnancy	In the month before you knew you were pregnant, how much tobacco did you use, including cigarettes and chewing tobacco (iqmik)?	☐ None	☐ **Any**
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?	☐ None	☐ **Any**
	In the month before you knew you were pregnant, how much marijuana did you use ?	☐ None	☐ **Any**
	Would you like to become pregnant again in the next year? ☐ No ☐ Yes ☐ I don't know ☐ Ok either way		

IF "ANY" BOX IS CHECKED COMPLETE QUESTIONS 1-4

1. Last month,about how much tobacco did you use, including cigarettes and chewing tobacco (iqmik)? ☐ None ☐ Any
2. Last month, about how many days a week did you usually drink beer, wine, or liquor? ☐ None ☐ Any
3. Last month, about how many days a week did you usually use marijuana? ☐ None ☐ Any

4. Last month, did you use: *check all that apply*		**prescribed by licensed provider?**	**taken as prescribed?**
ADHD Meds	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Antidepressant	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Benzodiazepine	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Narcotic pain relievers	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Methadone started on: M M - D D - Y Y Y Y	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Buprenorphine started on: M M - D D - Y Y Y Y	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Amphetamines/Methamphetamines	☐ No ☐ Yes		
Cocaine/Crack	☐ No ☐ Yes		
Heroin	☐ No ☐ Yes		

Hospital#

Screen#

Brief Intervention
Refused ☐
Accepted ☐

POSC
Refused ☐
Accepted ☐

POSC offered on: M M - D D - Y Y Y Y

POSC to PCP: M M - D D - Y Y Y Y

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