Modified 5 P’s

Responses are confidential.

1. Did any of your parents have a problem with alcohol or other drug use?
   - Yes □ No □

2. Do any of your friends have a problem with alcohol or other drug use?
   - Yes □ No □

3. Does your partner have a problem with alcohol or other drug use?
   - Yes □ No □

4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?
   - Yes □ No □

5. Before you knew you were pregnant, how often did you drink any alcohol, including beer or wine, or use other drugs?
   - Not at all □ Rarely □ Sometimes □ Frequently □

6. In the past month, how often did you drink any alcohol, including beer or wine, or use other drugs?
   - Not at all □ Rarely □ Sometimes □ Frequently □

The Modified 5 P’s is being used with endorsement from the Institute for Health and Recovery.