

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