**5Ps Prenatal Screen**

* *We ask all patients the following questions at every OB visit*
* *All responses are confidential*

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| 1. Did any of your **parents** have problems with alcohol or other drug use? |  |  |
| 2. Do any of your friends **(peers)** have problems with alcohol or other drug use? |  |  |
| 3. Does your **partner** have a problem with alcohol or other drug use? |  |  |
| 4. Do you feel unsafe in any way in your relationship with your current partner? |  |  |
| 5. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home? |  |  |
| 6. In the **past**, have you had difficulties in your life due to alcohol or other drugs, including prescription medications? |  |  |
| 7. In the past month, have you drank any beer, wine or liquor, or used any other drugs? **(Pregnancy/Present)** |  |  |
| 8. Have you smoked any cigarettes in the past three months? |  |  |

Staff Print / Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Interpreter Used: ❑ No ❑ Yes Interpreter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_