

Case #: \_\_\_\_\_

DOB:   /   /

Patient's Name: \_\_\_\_\_

Race:  Caucasian  Hispanic  African American  Asian

Address: \_\_\_\_\_

Other  Multiracial

Patient's Phone #: \_\_\_\_\_

Age

Provide Domestic Violence Assessment

Provide Mental Health Education

Provide tobacco intervention and/or substance abuse assessment

<b>Parents</b>	Did either of your parents have any problems with drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does your partner have any problem with drugs or alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Partner</b>	Have you ever felt out of control or helpless?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	Does your partner ever threaten to hurt you or punish you?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Past</b>	In the last 2 weeks, have you felt down, depressed, or hopeless?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	In the last 2 weeks, have you lost interest in things that used to be fun to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Pregnancy</b>	In the month before you knew you were pregnant, how many cigarettes did you smoke?	<input type="checkbox"/> None			<input type="checkbox"/> Any
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?	<input type="checkbox"/> None			<input type="checkbox"/> Any

**Follow-up Questions to 4P's Plus**

- And last month, about how many days a week did you usually drink beer, wine, or liquor?  
 Did not drink  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- During the month before you knew you were pregnant, about how many days a week did you usually use marijuana?  
 Did not use marijuana  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- During the month before you knew you were pregnant, about how many days a week did you usually use any drug such as cocaine, heroin, or meth?  
 Did not use drug  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- And last month, about how many days a week did you usually use marijuana?  
 Did not use marijuana  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- And last month, about how many days a week did you usually use any drug such as cocaine, heroin, or meth?  
 Did not use any drug  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- And last month, how many days a week did you usually smoke cigarettes?  
 Did not smoke  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week

If "Any", complete the follow-up questions

Refer for further evaluation

Intervention and Referrals Made: Check all that apply

<u>Referrals Offered</u>	<u>Referral Accepted?</u>	<u>Services not available</u>
<input type="checkbox"/> Brief Intervention ("I Am Concerned")	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Date:

Community Area/City: \_\_\_\_\_

Screening Site: \_\_\_\_\_