Perinatal Providers — 4P's Plus Behavioral Health Screen MIECHV Illinois

Case #:_____ DOB: / /

Patient's Name:_____ Race: ☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Other ☐ Multiracial

Address:_____

_____ Age

Patient's Phone #:_____

			Provide Domestic Violence Assessment	Provide Mental Health Education	Provide tobacco intervention and/or substance abuse assessment
***P**arents*	Did either of your parents have any problems with drugs or alcohol?	☐ Yes ☐ No			
***P**artner*	Does your partner have any problem with drugs or alcohol?	☐ No	☐ Yes		
	Have you ever felt out of control or helpless?	☐ No	☐ Yes		
	Does your partner ever threaten to hurt you or punish you?	☐ No	☐ Yes		
***P**ast*	In the last 2 weeks, have you felt down, depressed, or hopeless?	☐ No		☐ Yes	
	In the last 2 weeks, have you lost inteterest in things that used to be fun to you?	☐ No		☐ Yes	
***P**regnancy*	In the month before you knew you were pregnant, how many cigarettes did you smoke?	☐ 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

Follow-up Questions to 4P's Plus

If "Any", complete the follow-up questions

1. 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**
2. 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**
3. 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**
4. 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**
5. 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**

Refer for further evaluation

Intervention and Referrals Made: Check all that apply

Referrals Offered	**Referral Accepted?**		**Services not available**
☐ Brief Intervention ("I Am Concerned")	☐ Yes	☐ No	☐
☐ Domestic Violence	☐ Yes	☐ No	☐
☐ Tobacco Cessation	☐ Yes	☐ No	☐
☐ Substance Abuse Treatment	☐ Yes	☐ No	☐
☐ Mental Health	☐ Yes	☐ No	☐
☐ Other, Specify: _____	☐ Yes	☐ No	☐

Date: / /

Screening Site(Organization/Program):_____

Screener Name:_____

Supervisor Name:_____

Supervisor Email:_____

County:_____

Revised: 2.21.18

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