

Substance Use Screening for Pregnant/ Postpartum Mothers

A Workit screening questionnaire to help understand new moms' and pregnant women's substance use history.



 **Workit Health**

Don't do it alone. Start now at www.workithealth.com



Substance Use Screening for Pregnant/Postpartum Mothers



Conversations around substances for new moms and pregnant women can be difficult. Here is a helpful screening questionnaire to help understand a patient's substance use history, to better help them receive the treatment they need.

**adapted from WHO Assist V3.0 SUD assessment*

Must read to the patient

"Thank you for agreeing to take part in this brief interview about alcohol, tobacco products, and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected, or taken in the form of pills. Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications)."

"For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than by prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential."



Question 1:
In your life, which of the following substances have you ever used?

(If completing follow-up, please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)

	YES	NO
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

If “Yes” to any of these items, ask Question 2 for each substance ever used.

Probe if all answers are negative: “Not even when you were in school?” If “No” to all items, stop interview.

Question 2:
In the past three months, how often have you used the substances you mentioned? (FIRST DRUG, SECOND DRUG, ETC)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d. Cocaine (coke, crack, etc.)	0	2	3	4	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

If “Never” to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4, and 5 for each substance used.



Question 3

During the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

Question 4

During the past three month, how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal, or financial problems?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7



Don't do it alone. Start now at www.workithealth.com



Question 5

During the past three months, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	5	6	7	8
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	5	6	7	8
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

Question 6

Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC)?

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other - specify:	0	6	3

Ask Questions 6 and 7 for all substances ever used (i.e. those endorsed in Question 1).





Question 7

Have you ever tried and failed to control, cut down, or stop using (FIRST DRUG, SECOND DRUG, ETC)?

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, gasoline, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Klonopin, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other - specify:	0	6	3

Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)

	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1



Score the Results

IMPORTANT NOTE:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period to determine their risk levels and the best course of intervention.

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT’S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

PATTERN OF INJECTING

Once weekly or less Fewer than 3 days in a row	OR
More than once per week 3 or more days in a row	OR

INTERVENTION GUIDELINES

→	Brief intervention including discussing the risks associated with injecting
→	Further assessment and more intensive treatment*

HOW TO CALCULATE A SPECIFIC SUBSTANCE SCORE

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: Q2c + Q3c + Q4c + Q5c + Q6c + Q7c

Note that Q5 for tobacco is not coded, and is calculated as: Q2a + Q3a + Q4a + Q6a + Q7a

*Futher assessment and more intensive treatment may be provided by the health professional(s) within your primary care setting, or by a specialist drug and alcohol treatment service when available.

	Record specific substance score	No intervention	Receive brief intervention	More intensive treatment*
a. Tobacco		0–3	4–26	27 +
b. Alcohol		0–3	4–26	27 +
c. Cannabis		0–3	4–26	27 +
d. Cocaine		0–3	4–26	27 +
e. Amphetamine		0–3	4–26	27 +
f. Inhalants		0–3	4–26	27 +
g. Sedatives		0–3	4–26	27 +
h. Hallucinogens		0–3	4–26	27 +
i. Opioids		0–3	4–26	27 +
j. Other Drugs		0–3	4–26	27 +