

## Ask These Questions:

# Substance Use in Pregnancy

Adapted from Healthy South Carolina Medicaid

Parents: *Did any of your parents have a problem with alcohol or drug use?*

Peers: *Do any of your friends have a problem with alcohol or other drug use?*

Partner: *Does your partner have a problem with alcohol or other drug use?*

Violence: *Are you feeling at all unsafe in any way in your relationship with your current partner?*

Emotional Health: *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?*

Past: *In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?*

Present: *In the past month, have you drunk any alcohol or used other drugs?*

- *How many days per month do you drink?*
- *How many drinks on any given day?*
- *How often did you have 4 or more drinks per day in the last month?*
- *In the past month have you taken any prescription drugs?*

Smoking: *Have you smoked any cigarettes in the past three months?*

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Please provide additional details for any “yes” responses.

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What do you want me to know?

What questions can I answer for you?

