PREGNANCY INTENTION INITIATIVE

Adapted from the VT SBIRT Initial Screening Tool and Institute for Health & Recovery Integrated Screening Tool

Name: _____ **DOB:** _____ **Date:** _____

Once a year, all our patients are asked to complete this form because these factors can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

One Key Question®

Would you like to become pregnant in the next year?	Yes ☐	Indifferent ☐	No ☐	I don't know ☐

Substance Use Assessment:

1. Do you use tobacco products?	☐ Yes	☐ No

Alcohol: One Drink=  12 oz.  5 oz.  1.5 oz. Liquor

2. How many times in the past year have you had 4 (women) 5 (men) drinks or more in one day?	☐ Never	☐ Monthly	☐ 1x/week	☐ Several days/week	☐ Daily or almost daily

3. How often in the past year have you used marijuana?	☐ I have a medical card	☐ Never	☐ 1-3x/ month	☐ 1x/ week	☐ 2-4x/ Week	☐ Daily/ almost daily

4. In the past year, have you used prescription drugs for non-medical reasons?	☐ Yes	☐ No

4. In the past year, have you used other drugs? (such as heroin, cocaine, inhalants, etc.)	☐ Yes	☐ No

Emotional Health:

1. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for your to do your work, get along with people, or take care of things at home?	☐ Yes	☐ No

Violence:

1. Do you every feel unsafe in your home? ☐ Yes ☐ No

2. Are you scared that your partner or someone else might try to hurt you or your child? ☐ Yes ☐ No

Food Security:

Please let us know if any of these statements are true for you or your family.

1. Within the last 12 months we worried whether our food would run out before we got money to buy more. ☐ Yes ☐ No

2. Within the last 12 months the food we bought just did not last and we did not have the money to get more. ☐ Yes ☐ No

Housing Stability:

Please let us know if any of these statements are true for you or your family.

1. In the past 12 months, have you been homeless, missed rent, or mortgage payments, or worried about where you would live? ☐ Yes ☐ No

2. During the next 12 months, do you anticipate any problems related to where you will live? ☐ Yes ☐ No