

Three prenatal screenings from *Substance Abuse During Pregnancy: Guidelines for Screening* (revised ed. 2002), Washington State Department of Health, Maternal and Child Health, Olympia, WA. Obtained from AIA, September 2006
http://aia.berkeley.edu/information_resources/substance_exposed_newborns.html

CAGE

American Society of Addiction Medicine. Questions to Ask Patient pocket card, 2001
(www.asam.org/publ/CAGE.htm)

Questions to Ask Patient

1. Have you ever felt you should **C**ut down on your drinking or drug use?
2. Have people **A**nnoyed you by criticizing or complaining about your drinking or drug use?
3. Have you ever felt bad or **G**uilty about your drinking or drug use?
4. Have you ever had a drink or drug in the morning (**E**ye Opener) to steady your nerves or to get rid of a hangover?
5. Do you use any drugs other than those prescribed by a physician?
6. Has a physician ever told you to cut down or quit use of alcohol or drugs?
7. Have your drinking/drug use caused family problems?
8. When drinking/using drugs, have you ever had a memory loss (blackout)?

4 P's

Ewing H., Born Free Project, Martinez, CA

This screening device is often used as a way to begin discussion about drug or alcohol use. Any woman who answers yes to one or more questions should be referred for further assessment.

1. Have you ever used drugs or alcohol during this **P**regnancy?
A) Yes
B) No
2. Have you had a problem with drugs or alcohol in the **P**ast?
A) Yes
B) No
3. Does your **P**artner have a problem with drugs or alcohol?
A) Yes
B) No
4. Do you consider one of your **P**arents to be an addict or alcoholic?
A) Yes
B) No

Screening Tool for Drugs and Alcohol

This tool was developed by health care professionals and DSHS staff as part of a special demonstration project called First Steps Plus in Yakima, WA. The tool was found to be effective in identifying women in need of treatment.

First Steps Plus Screen

I. If client is *known to be using* alcohol or other drugs, check boxes in Section I *only* and go on to Section IV.

	Alcohol	Other Drug
Self Identification	Z	Z
Positive Medical Finding	Z	Z
Court-Related History	Z	Z
Other (please identify)	Z	Z

II. If client is *not known to be using* alcohol or other drugs, please ask the following questions (4 Ps). Check the boxes.

Yes	No	
Z	Z	1. Has either one of your parents had a problem with alcohol or drugs?
Z	Z	2. Does your partner have a problem with alcohol or drugs?
Z	Z	3. Have you had a problem with alcohol or drugs in the past?
Z	Z	4. Have you used any drugs or alcohol during this pregnancy? (Mark yes, even if not <i>currently using</i> , or as deserves follow-up).

First Steps Plus Screen, continued

If client answers YES to either question 3 or 4, then follow up with CAGE questions (5 through 8) and check the boxes.

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever felt (do you feel) the need to cut down on the amount you drink or use drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever been (do you get) annoyed or angry because someone criticized your drinking or drug use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever felt (do you feel) guilty about your drinking or drug use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you ever had a (do you ever) drink or use drugs first thing in the morning to steady your nerves or to get you going (an eye-opener)? |

III. Any YES answer to questions 2-8 indicates use or significant risk of use. You may decide risk exists, regardless of screening responses. Do responses indicate:

- | | | | | | |
|--------------------------|-----|--------------------------|-------------|--------------------------|--|
| <input type="checkbox"/> | Use | <input type="checkbox"/> | Risk of Use | <input type="checkbox"/> | No Risk
(3-8 negative and no other indicator of risk) |
|--------------------------|-----|--------------------------|-------------|--------------------------|--|

If use, or risk of use, what?

- | | | | | | | | |
|--------------------------|---------|--------------------------|-------------|--------------------------|------|--------------------------|------------|
| <input type="checkbox"/> | Alcohol | <input type="checkbox"/> | Other drugs | <input type="checkbox"/> | Both | <input type="checkbox"/> | Don't know |
|--------------------------|---------|--------------------------|-------------|--------------------------|------|--------------------------|------------|

IV. If use or risk of use determined, what is your plan for the client?

- | | | | |
|--------------------------|-----------------|--------------------------|----------|
| <input type="checkbox"/> | Case Management | <input type="checkbox"/> | Outreach |
|--------------------------|-----------------|--------------------------|----------|