# PRENATAL WORKSHEET

**Please print clearly and answer ALL items on this form in blue or black ink. After completing, please return promptly for review.**

**Current Legal Name**

First ______________________ Middle ______________________ Last ______________________

**Did you take Prenatal vitamins?** [ ] Yes [ ] No

**If Yes, when did you take Prenatal vitamins?** (check all that apply) [ ] Pre-Pregnancy [ ] First Trimester [ ] Second Trimester [ ] Third Trimester

**Tobacco Use**

**Did you smoke cigarettes before or during pregnancy?** [ ] Yes [ ] No

| **If Yes,** | | # of cigarettes per day | # of packs per day |
|---|---|---|---|
| | Three months before pregnancy | ________ | ________ |
| | First Trimester | ________ | ________ |
| | Second Trimester | ________ | ________ |
| | Third Trimester | ________ | ________ |

## 4Ps Plus

| | Yes | No |
|---|---|---|
| Did either of your parents have a problem with drugs or alcohol | ○ | ○ |
| Does your partner have any problem with drugs or alcohol | ○ | ○ |
| Have you ever felt manipulated by your partner | ○ | ○ |
| Have you ever felt out of control or helpless | ○ | ○ |
| Over the past 2 weeks | | |
| have you felt down, depressed or hopeless | ○ | ○ |
| have you felt little interest or pleasure in doing things | ○ | ○ |

| | Yes | No |
|---|---|---|
| Have you ever drunk beer/wine/liquor | ○ | ○ |
| **In the month before you knew you were pregnant** | ***Any** | **None** |
| how many cigarettes did you smoke | ○ | ○ |
| how much beer/wine/liquor did you drink | ○ | ○ |
| how much marijuana did you use | ○ | ○ |

***If an *Any is checked, continue with the 4Ps Follow-Up Questions.**

## 4 Ps Plus Follow-up Questions (if an *Any above was checked)

| In the month before you knew you were pregnant : | **Every Day** | **3-6 Days/wk** | **1-2 days/wk** | **<1 day/wk** | **(did not drink/use drugs)** |
|---|---|---|---|---|---|
| About how many days a week ***did you*** usually drink beer / wine / liquor | ○ | ○ | ○ | ○ | ○ |
| use any drug such as marijuana, cocaine or heroin | ○ | ○ | ○ | ○ | ○ |

**Environmental Exposures**

Were you exposed to: (check all that apply)

[ ] Lead (Home built before 1978)
[ ] Tobacco (2nd or 3rd Hand Smoke)
[ ] Viral (Birds or Cats in the home)
[ ] None of the above

**Do you have any children diagnosed with an Autism Spectrum Disorder?** [ ] Yes [ ] No [ ] N/A



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