

Substance screening form for maternity and child health clinic services

Name

Date

Nicotine products

Do you use any of the following nicotine products:

- Tobacco (cigarettes)
- Electronic cigarettes (e-cigarettes)
- Snuff
- Nicotine pouches
- Nicotine replacement products
- Other, what?

I do not use any nicotine product

Please specify your use of nicotinecontaining products:

I use daily: What? Strength: Quantity:

I use occasionally: What? Strength: Quantity:

I have quit using (date):

I am exposed to second-hand smoking

I have never used them

Alcohol (AUDIT)

When filling in the form during pregnancy, describe your substance use before pregnancy.

One serving of alcohol (12 g) is:

- a small bottle (33 cl) of medium-strength beer / cider (4.7%)
- 12 cl of wine
- 8 cl of fortified wine or 4 cl of spirits

For example:

- a large pint (0.5 l) of medium-strength beer / cider = **1.5 servings**
- a large pint (0.5 l) of IVA-strength beer / long drink (0.5 l) = **2 servings**
- a bottle (0.75 l) of wine (12%) = **6 servings**
- a bottle of spirits (0.5 l) = **13 units**

Select the option that is the closest to your situation.

1. How often do you consume beer, wine or other alcoholic beverages? Also include the times when you only have a small amount, e.g. a bottle of medium-strength beer or a sip of wine.

- 0 pts.** never
- 1 pts.** about once a month or less frequently
- 2 pts.** 2 to 4 times a month
- 3 pts.** 2 to 3 times a week
- 4 pts.** 4 or more times a week

2. How many servings of alcohol do you usually have on the days you drink alcohol?

- 0 pts.** 1 to 2 servings
- 1 pt.** 3 to 4 servings
- 2 pts.** 5 to 6 servings
- 3 pts.** 7 to 9 servings
- 4 pts.** 10 or more servings

3. How often have you had six or more servings on one occasion?

- 0 pts.** never
- 1 pts.** about once a month or less frequently
- 2 pts.** once a month
- 3 pts.** once a week
- 4 pts.** daily or almost daily

4. In the past year, how often has it happened that you were not able to stop drinking alcohol once you started drinking it?

- 0 pts.** never
- 1 pt.** less frequently than once a month
- 2 pts.** once a month
- 3 pts.** once a week
- 4 pts.** daily or almost daily

5. In the past year, how often have you not managed to take care of something that you would normally have had to because of your drinking?

- 0 pts. never
 1 pt. less frequently than once a month
 2 pts. once a month
 3 pts. once a week
 4 pts. daily or almost daily

6. In the past year, how often have you needed a serving of alcohol to get yourself going the morning after drinking a lot?

- 0 pts. never
 1 pt. less frequently than once a month
 2 pts. once a month
 3 pts. once a week
 4 pts. daily or almost daily

7. In the past year, how often have you felt guilt or remorse after drinking?

- 0 pts. never
 1 pt. less frequently than once a month
 2 pts. once a month
 3 pts. once a week
 4 pts. daily or almost daily

8. In the past year, how often has it happened that you have not been able to remember the events of the previous evening the next day because you had been drinking alcohol?

- 0 pts. never
 1 pt. less frequently than once a month
 2 pts. once a month
 3 pts. once a week
 4 pts. daily or almost daily

9. Have you yourself or has someone else been injured because of your alcohol use?

- 0 pts. no
 2 pts. yes, but not in the past year
 4 pts. yes, in the past year

10. Has someone close to you or your friend, doctor or other person been worried about your alcohol consumption or suggested that you cut down or stop drinking?

- 0 pts. no
 2 pts. yes, but not in the past year
 4 pts. yes, in the past year

Total points: _____

Score	Interpretation
0 to 5 points (women)	Alcohol use is under control, risks are minor.
0 to 7 points (men)	Alcohol use is under control, risks are minor.
6 to 15 points (women)	Alcohol use is so heavy that it causes various degrees of harmful effects.
8 to 15 points (men)	Alcohol use is so heavy that it causes various degrees of harmful effects.
16 points or more	Alcohol use is harmful, or substance addiction is likely.

AUDIT test: Saunders JB, Aasland OG, Babor TF, de la Fuente JR, Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. II. *Addiction*. 1993; 88(6):791–804.

Questions for pregnant women:

Have you used alcohol during pregnancy before you knew you were pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	How often: _____ How much at a time: _____ When was the last time? _____
Have you used alcohol after you knew you were pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	How often: _____ How much at a time: _____ When was the last time? _____

Drugs and medicines

Select the option that is the closest to your situation.

1. Have you used medicines mainly affecting the central nervous system (controlled medicines) as a medicine or for intoxication purposes?

- Never
 Yes, more than 2 years ago
 Yes, less than 2 years ago, but not anymore
 At the moment, I use them occasionally or regularly

If you are pregnant, also respond to the next question

- I have not used them during this pregnancy
 I have used them during this pregnancy

2. Have you used cannabis (e.g. hash, marijuana, medicinal cannabis, synthetic cannabinoids)?

- Never
 Yes, more than 2 years ago
 Yes, less than 2 years ago, but not anymore
 At the moment, I use them occasionally or regularly

If you are pregnant, also respond to the next question

- I have not used them during this pregnancy
 I have used them during this pregnancy

3. Have you used psychostimulants (e.g. amphetamine, ecstasy, cocaine, synthetic stimulants, certain ADHD medications) as a medicine or for intoxication purposes?

- Never
 Yes, more than 2 years ago
 Yes, less than 2 years ago, but not anymore
 At the moment, I use them occasionally or regularly

If you are pregnant, also respond to the next question

- I have not used them during this pregnancy
 I have used them during this pregnancy

4. Have you used opioids (e.g. tramadol, codeine, buprenorphine, morphine, methadone, oxycodone, fentanyl, synthetic opioids, heroin) as a medicine or for intoxication purposes?

- Never
 Yes, more than 2 years ago
 Yes, less than 2 years ago, but not anymore
 At the moment, I use them occasionally or regularly
 I am currently in opioid agonist treatment or other long-term opioid treatment

If you are pregnant, also respond to the next question

- I have not used them during this pregnancy
 I have used them during this pregnancy

5. Have you used any other intoxicants or drugs, what?

-
- Never
 Yes, more than 2 years ago
 Yes, less than 2 years ago, but not anymore
 At the moment, I use them occasionally or regularly

If you are pregnant, also respond to the next question

- I have not used them during this pregnancy
 I have used them during this pregnancy

Are you worried about the use of tobacco, nicotine products, alcohol, medicines or drugs by your partner or another person belonging to your close circle?

- No
 Yes. Whose?

What substance?
