

Prenatal Substance Exposure Interview

Pregnancy & Maternal Information

Mother's Name

Date of Interview

Mother's Date of Birth

Number of Pregnancies

Weeks Pregnant when Substance Use Began

Substance Use During Pregnancy

Substances Used (select all that apply)

Tobacco/Nicotine
Alcohol
Marijuana/THC
Opioids
Cocaine
Methamphetamine
Prescription Drugs (non-prescribed)
Other



If "Other", please specify

Frequency and Amount of Use

Screening & Testing

Were any screenings or tests conducted? If yes, what type and when?

Results of screenings/tests

Additional Information

Any known medical complications during pregnancy?

Additional notes or comments