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**PLEASE ANSWER THESE QUESTIONS HONESTLY.** Knowledge of use of these substances is very important in your obstetrical care and for the health of your baby. All of this information is CONFIDENTIAL and no legal action will result from your honest answers.

1. Do you smoke cigarettes?
  - A. No
  - B. Used to, but no longer
  - C. Less than 1 pack per day
  - D. 1 pack per day
  - E. More than 1 pack per day
2. Do you use tobacco in any other form?
  - A. No
  - B. Snuff, smokeless tobacco, chewing tobacco
  - C. Cigars or pipes
3. Do you drink alcoholic beverages?
  - A. No
  - B. Used to, but no longer
  - C. Less than once a week
  - D. 1-3 drinks per week
  - E. Daily
4. Do you smoke marijuana?
  - A. No
  - B. Used to, but no longer
  - C. Yes
5. Do you use cocaine or crack?
  - A. No
  - B. Used to, but no longer
  - C. Yes
6. Do you inject any drugs such as heroin or other narcotics?
  - A. No
  - B. Used to, but no longer
  - C. Yes
7. Do you use any other street drugs, such as speed, Ice, amphetamines, crystal meth, downers, uppers, ecstasy, etc?
  - A. No
  - B. Used to, but no longer
  - C. YesList types \_\_\_\_\_
8. Do you take any prescription drugs regularly?
  - A. No
  - B. YesList types \_\_\_\_\_
9. Do you use any over-the-counter drugs frequently such as Tylenol, aspirin, sinus medications, cough, medicines, etc?
  - A. No
  - B. YesList types \_\_\_\_\_
10. Are you exposed to any chemicals at work or at home on regular basis?
  - A. No
  - B. YesList types \_\_\_\_\_
11. Within the past year -- or since you have been pregnant -- have you been hit, slapped, kicked, or otherwise physically hurt by someone.
  - A. No
  - B. Yes
12. Are you in a relationship with a person who threatens or physically hurts you?
  - A. No
  - B. Yes
13. Has anyone forced you to have sexual activities that made you feel uncomfortable?
  - A. No
  - B. Yes

I certify that these answers are correct to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_