

**SURVEY REGARDING THE CONSUMPTION OF ALCOHOL**

If you are filling in the survey and are currently pregnant, please describe your alcohol use during the year prior to becoming pregnant.

One portion of alcohol equals to:

- A bottle of medium strength beer (0.33cl)
- 12cl wine
- 8cl strong wine or 4cl spirits

A large glass (0.5l) of medium strength beer = 1.5 portions
 A large glass (0.5l) of A-strength beer = 2 portions
 A bottle (0.75l) of wine (12%) = 6 portions
 A bottle (0.5l) of spirits = 13 portions

1. How often do you use alcohol?

0. Never
 1. Once a month or less frequently
 2. 2–4 times a month
 3. 2–3 times a week
 4. 4 times a week or more frequently

2. When you drink alcohol, how many portions do you usually consume per day?

0. 1–2 portions
 1. 3–4 portions
 2. 5–6 portions
 3. 7–9 portions
 4. 10 portions or more

3. How often do you drink at least six portions at a time?

0. Never
 1. Less frequently than once a month
 2. Once a month
 3. Once a week
 4. Almost every day

4. How often during the last year have you been unable to stop once you have started drinking?

0. I am always able to stop
 1. Less frequently than once a month
 2. Once a month
 3. Once a week
 4. Almost every day

5. How often during the last year have you been unable to do something that you had planned because of your drinking?

0. Drinking never prevents me from fulfilling my plans
 1. Less frequently than once a month
 2. Once a month
 3. Once a week
 4. Almost every day

6. How often during the last year have you needed a drink to relieve your hangover?

0. Never
 1. Less frequently than once a month
 2. Once a month
 3. Once a week
 4. Almost every day

7. How often during the last year have you felt guilty or remorseful after drinking?

0. Never
 1. Less frequently than once a month
 2. Once a month
 3. Once a week
 4. Almost every day

8. How often during the last year have you been unable to remember the events of the previous evening because of your drinking?

0. I can always remember what happened
 1. Less frequently than once a month
 2. Once a month
 3. Once a week
 4. Almost every day

9. Have you caused accidents to yourself or your friends because of your drinking?

0. No
 2. Yes, but not within the last year
 4. Yes, within the last year

10. Has a relative, friend, doctor or some other person been worried about your drinking or suggested that you should cut down or stop drinking?

0. No
 2. Yes, but not within the last year
 4. Yes, within the last year

Total score: _____

Based on the score of this test, your risk consumption of alcohol is:

- 0-7p.** Low
8-13p. Elevated, indication of high consumption
14-20p. High, possible alcohol dependence
21-40p. Very high

Have you used / do you use alcohol during your pregnancy?

- Yes
 No

If you answered yes, please explain the situation and how many portions you consumed?

MEDICATIONS, DRUGS AND REPLACEMENT DRUGS**SURVEY REGARDING CIGARETTES, MOIST SNUFF, MEDICATIONS AND DRUGS**

Smoking: I do not smoke _____
 I smoke occasionally _____
 I smoke daily _____
 I am exposed to passive smoking _____
 I am not exposed to passive smoking _____
 I have stopped smoking during pregnancy _____

Date _____

If you are a smoker, test your dependence with the Fagerström test:

1. How soon after waking up do you smoke your first cigarette? 3p. Within 5 minutes 2p. Within 6–30 minutes 1p. Within 31–60 minutes 0p. After 60 minutes	4. How many cigarettes do you smoke per day? 0p. 1–10 cigarettes 1p. 11–20 cigarettes 2p. 21–30 cigarettes 3p. 31 or more
2. Do you find it difficult to refrain from smoking in facilities where it is forbidden? 1p. Yes 0p. No	5. Do you smoke more during the first hours of the morning than during the rest of the day? 1p. Yes 0p. No
3. Which smoking time would be most difficult to give up? 1p. The first cigarette in the morning 0p. Some other time	6. Do you smoke if you are so sick that you need to stay in bed most of the day? 1p. Yes 0p. No

Total score: _____

Your nicotine dependency is low, if your total score is 0–2
 Your nicotine dependency is high, if your total score is 3–6

Use of moist snuff: I do not use moist snuff _____
 I use moist snuff _____

Please select the option/options from the medication and drug survey that best describes your situation.

Is there a person in your family or among your close friends who has used/uses drugs or drinks heavily? 0. No 1. Yes, in my family. Who: _____ 2. Yes, among my close friends. How many persons: _____	Have you used amphetamine, ecstasy, MDPV or cocaine? 0. Never 1. I have tried them once or a few times 2. Yes, I have used them 3. Yes, I used them during the year prior to my pregnancy 4. I have used them during my pregnancy 5. I have used them intravenously
Have you abused sedatives, sleeping pills or painkillers? 0. Never 1. I have tried them once or a few times 2. Yes 3. Yes, during the year prior to my pregnancy 4. I have used them during my pregnancy 5. I have used them intravenously	Have you used opiates (e.g. poppy tea, morphine, heroin, tramadol or codeine, such as Panacod, Temgesic, Subutex or Suboxone)? 0. Never 1. I have tried them once or a few times 2. Yes, I have used them 3. Yes, I used them during the year prior to my pregnancy 4. I have used them during my pregnancy 5. I have used them intravenously
Have you used cannabis (hashish, marijuana)? 0. Never 1. I have tried them once or a few times 2. Yes 3. Yes, during the year prior to my pregnancy 4. I have used them during my pregnancy	Have you ever used LSD or some other drug? Which one: _____ 0. Never 1. I have tried them once or a few times 2. Yes, I have used them 3. Yes, I used them during the year prior to my pregnancy 4. I have used them during my pregnancy 5. I have used them intravenously

If you abuse medication, drugs or alcohol, you need support to become drug-free for the sake of your own health and the health of your baby.

The form has been edited from the substance abuse survey of the Helsinki Health Centre for the joint use of HUCH and the metropolitan area.

References:

1. Audit Alcohol Use Disorder Identification Test/WHO
2. Survey regarding alcohol use to the pregnant mother and the father, Survey regarding medications and drugs, TAUH, 'Päihdeäiti' project
3. Pregnancy and drugs – interview, Hospital District of Southwest Finland, 'Tukeva ote' project
4. 10+4 questions to the pregnant mother and the father, City of Kuopio