Today we are asking questions important to your health. Your answers will be kept private between you and your health care team.

Hoy estamos haciendo preguntas importantes para su salud. Sus preguntas se mantendrán en privado entre usted y su equipo de atención médica.

1. Did your parents have a problem with alcohol, marijuana or other drugs? □ NO □ YES
   ¿Tuvieron sus padres problemas con alcohol, marihuana u otras drogas?

2. Do any of your close friends have a problem with alcohol, marijuana or other drugs? □ NO □ YES
   ¿Alguno de sus amigos cercanos tiene problemas con el alcohol, marihuana u otras drogas?

3. Does/did your current or past partner(s) use tobacco, alcohol, marijuana or other drugs? □ NO □ YES
   ¿Usó o usa su pareja(s) actual o anterior tabaco, alcohol, marihuana u otras drogas?

4. Have you ever had difficulties in your life due to alcohol, marijuana or other drugs including prescription medications? □ NO □ YES
   ¿Algún vez en su vida ha tenido dificultades con alcohol, marihuana u otras drogas incluyendo medicamentos recetados?

5. Have you used tobacco products in the past three months? □ NO □ YES
   ¿Ha usado productos de tabaco en los últimos 3 meses?

6. Have you used marijuana products in the past three months? □ NO □ YES
   ¿Ha usado productos de marihuana en los últimos 3 meses?

7. Have you used drugs other than marijuana or alcohol in the past three months? □ NO □ YES
   ¿Ha usado drogas, diferentes de marihuana o alcohol, en los últimos 3 meses?

8. In the past month, have you had alcohol to drink? / ¿En el último mes, ha consumido alcohol? □ NO □ YES
   If yes, on average how many standard drinks do you have: ¿Cuántas bebidas en promedio toma?
   In a day? ¿En un día? □ 1 to 2 □ 3 □ 4 or more/□ o más
   In a week? ¿En una semana? □ 1 to 4 □ 5 to 7 □ 8 or more/□ o más

9. In the past month, has worry, anxiety, depression or sadness made it difficult for you to do your work, get along with people, or take care of things at home? ¿En el último mes, la preocupación, ansiedad, depresión o tristeza le ha causado dificultades para hacer su trabajo, para llevarse bien con la gente, o para cuidar de los asuntos de su casa?

10. Are you currently or have you ever been in a relationship where you were physically and/or emotionally hurt such as choked, threatened, controlled, or made to feel afraid? ¿Está o en alguna ocasión estuvo en una relación donde usted fue físicamente y/o emocionalmente lastimado, como ahorrado, amenazado, controlado o a le hayan hecho sentir miedo? □ NO □ YES

Facilitated referral made to (check all that apply):
- MotherToBaby California 1-866-626-6847
- Smoke Free Babies 575-6043 ext.19
- Drug Free Babies 565-7463
- Public Health Nursing 565-4440
- California Parenting Institute 585-6108
- Family Justice Center 565-8255
- Verity-sexual assault services 545-7273

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   - Yes

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   - No
   - Yes

3. Does/did your current or past partner(s) use tobacco, alcohol, marijuana or other drugs?
   - No
   - Yes

4. Have you ever had difficulties in your life due to alcohol, marijuana or other drugs including prescription medications?
   - No
   - Yes

5. Have you used tobacco products in the past three months?
   - No
   - Yes

6. Have you used marijuana products in the past three months?
   - No
   - Yes

7. Have you used drugs other than marijuana or alcohol in the past three months?
   - No
   - Yes

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   - No
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