

5Ps

1. Did any of your Parents have problems with alcohol or drug use? ___ No ___ Yes
2. Do any of your friends (Peers) have problems with alcohol or drug use? ___ No ___ Yes
3. Does your Partner have a problem with alcohol or drug use? ___ No ___ Yes
4. Before you were pregnant did you have problems with alcohol or drug use? (Past) ___ No ___ Yes
5. In the past month, did you drink beer, wine or liquor, or use other drugs? (Pregnancy) ___ No ___ Yes

Interpreting the 5Ps screening tool

Answers	Zone	Indicated action
"No" to all substance use questions	Low risk	Positive reinforcement
"Yes" to Parents	Risky	Review risk
"Yes to Peers questions		Perform brief intervention or referral
"Yes" to Partner, Past or Present questions	Harmful or Severe	Refer for further assessment and possible specialized treatment



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