

**--- TIPQC “OPIOID USE DISORDER: OPTIMIZING OBSTETRIC AND NEONATAL CARE” PROJECT ---  
MONTHLY SAMPLING OF SCREENING**

**INSTRUCTIONS:** Please take a random sample of **20** charts of all women delivering at your hospital in a given month. To systematically select the 20 records, first, divide the total number of live births occurring at your facility in the given month by 20 and then select every n<sup>th</sup> chart where n is the result of that division.

- *Example 1:* If your hospital had 102 live births in the given month, then 102 divided by 20 is 5.1 and you will select every 5<sup>th</sup> live birth for that month.
- *Example 2:* If your hospital had 56 live births in the given month, then 56 divided by 20 is 2.8 and you will select every 2<sup>nd</sup> live birth for that month.

Review this random sample of charts and record the details regarding substance use disorder (SUD) & Opioid use disorder (OUD) screening for each chart. Please use the following working definitions for guidance:

- Validated screening tools for SUD include National Institute on Drug Abuse (NIDA) NIDA Quick Screen, Integrated 5 P’s, 4P’s Plus, Substance Use Risk Profile – Pregnancy Scale (SURP-P), and CRAFFT.
- Examples of non-validated (single item) screening questions for SUD include “Any illicit drug use in this pregnancy?” or “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? (for example, because of the experience or feeling it caused)”.
- Urine toxicology screen is a separate option and should not be recorded as “Validated screening tool” or “Non-validated screening question.”

Month of sampling: \_\_\_\_\_ (MM)

Year of sampling: \_\_\_\_\_ (YYYY)

How many live births occurred in your facility in this given month? \_\_\_\_\_

CHART NUMBER 1	MRN _____
<p><b>1.</b> Was SUD screening documented in the woman’s prenatal and/or L&amp;D medical record?   <input type="radio"/> No   <input type="radio"/> Yes</p> <p>→ If 1. = “No”</p> <p><b>2.</b> Did the woman’s record contain documentation of previously identified SUD?   <input type="radio"/> No   <input type="radio"/> Yes</p> <p>→ If 1. = “Yes”</p> <p><b>3.</b> How was the woman screened? <i>(check all that apply)</i></p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = “Validated screening tool”</p> <p><b>4.</b> What validated self-report screening tools were used? <i>(check all that apply)</i></p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P’s</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P’s Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p><b>5.</b> Was woman found to have SUD?   <input type="radio"/> No   <input type="radio"/> Yes</p> <p><b>6.</b> Was additional screening for OUD documented in the woman’s prenatal and/or L&amp;D medical record?   <input type="radio"/> No   <input type="radio"/> Yes</p> <p>→ If 6. = “No”</p> <p><b>7.</b> Did the woman’s record contain documentation of previously identified OUD?   <input type="radio"/> No   <input type="radio"/> Yes</p> <p><b>8.</b> Was woman found to have OUD?   <input type="radio"/> No   <input type="radio"/> Yes</p> <p>→ If 8. = “Yes”,</p> <p><b>9.</b> What were the opiate exposures? <i>(check all that apply)</i></p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><i>* <b>NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</i></p>

CHART NUMBER 2	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 3	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 4	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><i>* NOTE: A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</i></p>

CHART NUMBER 5	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><i>* NOTE: A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</i></p>

CHART NUMBER 6	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 7	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 8	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 9	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 10	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 11	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 12	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 13	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 14	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 15	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>



CHART NUMBER 16	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 17	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 18	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

CHART NUMBER 19	MRN _____
<p>1. Was SUD screening documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "No"</p> <p>2. Did the woman's record contain documentation of previously identified SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 1. = "Yes"</p> <p>3. How was the woman screened? (check all that apply)</p> <p><input type="checkbox"/> Validated screening tool</p> <p><input type="checkbox"/> Non-validated screening question</p> <p><input type="checkbox"/> Urine toxicology screen*</p> <p><input type="checkbox"/> Patient reported (outside of screening tool)</p> <p><input type="checkbox"/> Prescription Monitoring Program (PMP) lookup</p> <p><input type="checkbox"/> Other: _____</p> <p>→ If 3. = "Validated screening tool"</p> <p>4. What validated self-report screening tools were used? (check all that apply)</p> <p><input type="checkbox"/> National Institute on Drug Abuse (NIDA) Quick Screen</p> <p><input type="checkbox"/> Integrated 5 P's</p> <p><input type="checkbox"/> CRAFFT</p> <p><input type="checkbox"/> 4P's Plus</p> <p><input type="checkbox"/> Substance Use Risk Profile – Pregnancy Scale (SURP-P)</p>	<p>5. Was woman found to have SUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>6. Was additional screening for OUD documented in the woman's prenatal and/or L&amp;D medical record? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 6. = "No"</p> <p>7. Did the woman's record contain documentation of previously identified OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>8. Was woman found to have OUD? <input type="radio"/> No <input type="radio"/> Yes</p> <p>→ If 8. = "Yes",</p> <p>9. What were the opiate exposures? (check all that apply)</p> <p><input type="checkbox"/> Buprenorphine (includes Subutex and Suboxone)</p> <p><input type="checkbox"/> Heroin</p> <p><input type="checkbox"/> Methadone</p> <p><input type="checkbox"/> Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)</p> <p><b>* NOTE:</b> A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.</p>

**CHART NUMBER 20**

**MRN** \_\_\_\_\_

**1.** Was SUD screening documented in the woman’s prenatal and/or L&D medical record?  No  Yes

→ If 1. = “No”

**2.** Did the woman’s record contain documentation of previously identified SUD?  No  Yes

→ If 1. = “Yes”

**3.** How was the woman screened? (*check all that apply*)

- Validated screening tool\*
- Non-validated screening question
- Urine toxicology screen
- Patient reported (outside of screening tool)
- Prescription Monitoring Program (PMP) lookup
- Other: \_\_\_\_\_

→ If 3. = “Validated screening tool”

**4.** What validated self-report screening tools were used? (*check all that apply*)

- National Institute on Drug Abuse (NIDA) Quick Screen
- Integrated 5 P’s
- CRAFFT
- 4P’s Plus
- Substance Use Risk Profile – Pregnancy Scale (SURP-P)

**5.** Was woman found to have SUD?  No  Yes

**6.** Was additional screening for OUD documented in the woman’s prenatal and/or L&D medical record?

No  Yes

→ If 6. = “No”

**7.** Did the woman’s record contain documentation of previously identified OUD?  No  Yes

**8.** Was woman found to have OUD?  No  Yes

→ If 8. = “Yes”,

**9.** What were the opiate exposures? (*check all that apply*)

- Buprenorphine (includes Subutex and Suboxone)
- Heroin
- Methadone
- Other Opiates (Codeine, Hydrocodone, Hydromorphone (Dilaudid), Morphine, Oxycodone, Oxymorphone, Propoxyphene)

\* **NOTE:** A woman with a positive urine toxicology screen for opioids alone during her pregnancy does NOT identify her to have OUD.