1. Month/Year: ____________________
2. Patient Number: ____________________
3. Patient race/ethnicity:
   - White
   - Asian
   - Black or African American
   - Native Hawaiian and Other Pacific Islander
   - American Indian or Alaska Native
   - Multiracial
   - Hispanic or Latino
   - Refused/Don’t know
4. Payor:
   - Medicaid
   - BCBS/State
   - Uninsured
   - Other
   - Refused/don’t know
5. Was patient screened for substance use disorder (SUD) at a prenatal visit using a validated verbal or written screening tool?
   - Yes
   - No
   - Patient previously identified as having SUD, and/or in a treatment program
   - Unknown
6. Did patient screen positive for SUD using a validated verbal or written screening tool?
   - Yes
   - No
   - Patient previously identified as having SUD, and/or in a treatment program
   - Unknown

CONTINUE TO NEXT PAGE
7. Did patient **screen positive for SUD using any other means** (NOT a validated verbal or written screening tool, e.g., urine drug screen, clinical observation, unvalidated verbal/written questions)?

   Yes
   No
   Patient previously identified as having SUD, and/or in a treatment program
   Unknown

8. Was patient **referred** for further **substance use assessment and/or care**?

   Yes
   No
   Unknown
   Patient previously identified as in a treatment program