



Answer all questions completely and accurately. Failure to do so will delay payment.

Name: _____ Age _____

Phone: _____

Race (circle): African American/Black Caucasian/White Hispanic Other: _____

How many times have you been pregnant? _____

How many times have you given birth (live or stillborn)? _____

Number of stillborn births: _____ Number of abortions: _____ Number of miscarriages: _____

How many of your children died after birth (not stillborn)? _____

How many living children do you have? _____

How many children live with you permanently? _____

How many of your children live on their own? _____

How many of your children live with relatives (excluding you)? _____

How many of your children are currently in foster care? _____

How many of your children have been adopted? _____

During how many of your pregnancies did you use drugs and/or alcohol? _____

Of your living children, how many were exposed to drugs and/or alcohol while you were pregnant? _____

At what age did you first use drugs and/or alcohol? _____

Do you currently work? _____ Part or full time? _____ Marital Status: _____

Highest grade completed? _____

Are you currently using drugs and/or alcohol? _____

List the drugs you have used in your lifetime:

How many times have you been in inpatient treatment? _____

How many times have you been in outpatient treatment? _____