

HIGHLAND PARK OB-GYN ASSOCIATES, LTD.
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In view of the increased incidence of alcohol and drug use in this country and their possible effects on health and/or pregnancy, we would like to ask you to review and complete this questionnaire. Thank you.

1. How many times a week do you drink?
 - a. Beer _____
 - b. Wine _____
 - c. Liquor _____

2. How many cans/glasses/drinks of:
 - a. Beer _____
 - b. Wine _____
 - c. Liquor _____

3. Do you ever drink more than the above?
 - a. Beer _____
 - b. Wine _____
 - c. Liquor _____

4. Have you ever:
 - a. Felt the need to cut down on drinking? _____
 - b. Felt annoyed by criticism of your drinking? _____
 - c. Had guilty feelings about drinking? _____
 - d. Taken a morning eye-opener? _____

5. Do you use Marijuana (Pot)? _____
If so, how often per week? _____

6. Do you use cocaine (Coke)? _____
If so, how often per week? _____

7. Do you use any other drugs or medicine? _____
If so, what? _____

Name: _____

Date: _____