## 1 Electronic Supplementary Material A:

## 2 **Boden Screening Tool**

3	1.	1. In the past 3 months have you taken any of these substances? $\square$ Yes $\square$ No ( <i>check all that</i>				
4	ap	ply):				
5		☐ Marijuana	☐ Morphine	☐ Methadone		
6		☐ Meperidine [Demerol]	☐ Oxycodone [Perc	odan]		
7	[D	arvon]				
8		☐ Hydromorphone [Dilaudid]	☐ Fentanyl [Sublimaze]	☐ Buprenorphine		
9	[Sı	uboxone]	•			
10		☐ Diazepam [Valium]	☐ Cocaine	☐ Heroin		
11			☐ Phenobarbital	☐ Clomipramine [Anafranil]		
12		☐ Hydroxyzine [Vistaril]	☐ Theophylline	☐ Lithium		
13		☐ Chlorpromazine [Thorazine]	☐ Clonidine [Catapres]	☐ Diphenhydramine		
14	[		codone [Vicodin]	□ LSD		
15		☐ Solvants/Aerosols				
16						
17	2.	Has anyone in your family taken	or is currently taking the sub	ostances listed above?		
18		☐ Yes ☐ No				
19		If yes, who?				
20		List substance(s)				
21	2	In the past month, how often did	you drink:			
21 22	٥.	In the past month, how often did Beer: $\square$ Not at all $\square$ R	arely □ Sometimes □ I	Fraguently		
22 23			larely $\square$ Sometimes $\square$ I	<u> </u>		
23 24		Wine Cooler: ☐ Not at all ☐		<u> </u>		
25 25		Liquor: $\square$ Not at all $\square$ R		± •		
26		Elquor. Divot at an Div	tarety - Bonnetimes - B 1	requently		
27	4	Do you occasionally drink more	alcohol or use more substance	es than you planned and/or		
28	т.	spent more money on substances		· ·		
29		☐ Yes ☐ No	of alcohol than you planted	•		
30						
31	5	Have you ever felt you ought to	cut down on your drinking or	· substance use?		
32	٠.	☐ Yes ☐ No	out down on your drimming or	substance use.		
33		<b>—</b> 165 — 110				
34	6.	Have people annoyed you by c	riticizing vour drinking or su	bstance use?		
35	٠.	☐ Yes ☐ No		Source and the second s		
36						
37	7.	Do you feel you may have troub	le staving off alcohol or subs	tances during your		
38		pregnancy?		umoes daring your		
39		☐ Yes ☐ No				
40		—				
41	8.	If you have a partner, are you co	ncerned about your partner's	use of alcohol or substances?		
42	•	☐ Yes ☐ No	<i>y</i> 1 233 1	,_,		

43 44 45 46	9. Have you or anyone in your family ever had  ☐ Yes ☐ No  If yes, who?	a substance abuse problem?
47	List substance(s)	
48	List substance(s)	
49		D. C.
50 51	Patient Name (printed)Signature	Patient
52	518/1411111	
53		,
54 55	Reviewer/Entered into EPIC Date/Time	_/
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