TWEAK Score

Questionnaire on Alcohol Use During Pregnancy

To be completed early in all pregnancies

When having a baby one of the areas your care provider will talk about is your use of alcohol. The following questions will help with the discussion.

How many drinks does it take to make you feel high? Number of drinks _______

Have close friends or relatives worried or complained about your drinking in the past year? □ No □ Yes

Do you sometimes have a drink in the morning when you first get up? □ No □ Yes

Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? □ No □ Yes

Do you sometimes feel the need to cut down on your drinking? □ No □ Yes

Talk about your answers to the above questions with your health care provider.

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between **28–32 weeks** in all pregnancies

Name: ___________________________ Date: _______________ Gestation in Weeks: _____

As you are having a baby, we would like to know how you are feeling. Please mark “X” in the box next to the answer which comes closest to how you have felt in the past 7 days—not just how you feel today.

**In the past 7 days:**

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

5. I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

8. I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

9. I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

10. The thought of harming myself has occurred to me
    - ☐ Yes, quite often
    - ☐ Sometimes
    - ☐ Hardly ever
    - ☐ Never

Talk about your answers to the above questions with your health care provider.

Translations for care-provider use available on PSBC website: perinatalservicesbc.ca.

### British Columbia Antenatal Record Part 1

#### 1. Hospital

<table>
<thead>
<tr>
<th>Attending physician/midwife</th>
<th>Referring physician/midwife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td>Given name</td>
</tr>
<tr>
<td>Address</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Mother’s name</th>
<th>Date of birth (DD/MM/YYYY)</th>
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<tbody>
<tr>
<td>Occupation</td>
<td>Age at EDD</td>
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</table>

<table>
<thead>
<tr>
<th>Mother’s maiden name</th>
<th>Date of birth (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td>Age at EDD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner’s name</th>
<th>Date of birth (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td>Age at EDD</td>
</tr>
</tbody>
</table>

#### 2. Allergies

- [ ] None known
- [ ] Yes (reaction)

#### 3. Obstetrical History

<table>
<thead>
<tr>
<th>G</th>
<th>T</th>
<th>A</th>
<th>Living</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Place of birth / abortion</th>
<th>Hrs. in labour</th>
<th>Gest. age</th>
<th>Type of birth</th>
<th>Perinatal complications</th>
<th>Sex</th>
<th>Birth Weight</th>
<th>Breastfed</th>
<th>Present health</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### 4. LMP (DD/MM/YYYY)

<table>
<thead>
<tr>
<th>Menses cycle</th>
<th>Contraceptives</th>
<th>When stopped (DD/MM/YYYY)</th>
<th>EDD by dates (DD/MM/YYYY)</th>
<th>Confirmed EDD (DD/MM/YYYY)</th>
<th>1st US (DD/MM/YYYY)</th>
<th>GA by US (WEEKS + DAYS)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

#### 5. Present Pregnancy

- [ ] IVF pregnancy
- [ ] Bleeding
- [ ] Nausea
- [ ] Infections or fever
- [ ] Other

#### 6. Family History

- [ ] Heart disease
- [ ] Hypertension
- [ ] Diabetes
- [ ] Depression/psychiatric
- [ ] Alcohol/drug use
- [ ] Thromboembolic/coag.
- [ ] Inherited disease/defect
- [ ] Ethnic (e.g. Taysachs, Sickle)
- [ ] Other

#### 7. Medical History

- [ ] Surgery
- [ ] Anesthesia
- [ ] Uterine/Cx procedure
- [ ] STIs/infections
- [ ] Susceptible to chicken pox
- [ ] Thromboembolic/coag.
- [ ] Hypertension
- [ ] GI
- [ ] Urinary
- [ ] Endocrine/diabetes
- [ ] Neurologic
- [ ] Hx of mental illness
- [ ] Anxiety
- [ ] Depression
- [ ] Bipolar
- [ ] PP depression
- [ ] Unknown
- [ ] Other

#### 8. Lifestyle & Social

- [ ] Diet/Food Safety
- [ ] Folic acid
- [ ] Physical Activity/rest/work
- [ ] OTC drugs/vitamins
- [ ] Alcohol
- [ ] never
- [ ] quit (DD/MM/YYYY)
- [ ] Drinks/wk: before pregnancy
- [ ] current
- [ ] Binge drinking
- [ ] No
- [ ] Yes
- [ ] TWEAK score
- [ ] (see reverse)
- [ ] Substance use
- [ ] No
- [ ] Yes
- [ ] Heroin
- [ ] Cocaine
- [ ] Marijuana
- [ ] Methadone
- [ ] Solvents
- [ ] Other
- [ ] Prescription
- [ ] Unknown
- [ ] Smoking
- [ ] never
- [ ] quit (DD/MM/YYYY)
- [ ] Cig/day: before pregnancy
- [ ] current
- [ ] Exposure 2nd hand smoke
- [ ] No
- [ ] Yes
- [ ] Financial & housing
- [ ] Support system
- [ ] IPV
- [ ] Public Health Nursing follow-up/assessment

#### 9. Physical Examination

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY)</th>
<th>BP</th>
<th>Height (CM)</th>
<th>Pre-pregnant weight (KG)</th>
<th>Pre-pregnant BMI</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Head &amp; neck</th>
<th>Musculoskeletal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breasts &amp; nipples</td>
<td>Varicose veins &amp; skin</td>
</tr>
<tr>
<td>Heart &amp; lungs</td>
<td>Pelvic exam</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Swabs/cervix cytology</td>
</tr>
</tbody>
</table>

#### 10. First Trimester Topics Discussed

- [ ] Prenatal Genetic Screening
- [ ] Genetic counselling offered
- [ ] HIV & other tests
- [ ] Baby’s Best Chance
- [ ] Prenatal education
- [ ] Breastfeeding
- [ ] Seat belt use
- [ ] Sexual relations
- [ ] Maybe

#### 11. Summary

SIGNATURE: MD/MW

---

WHITE: MOTHER’S CHART    YELLOW: INFANT’S CHART    PINK: PHYSICIAN/MIDWIFE
### British Columbia Antenatal Record Part 2

**12. Intended place of birth**

**Alternate place of birth (Hospital)**

**13. Investigations / Result**

<table>
<thead>
<tr>
<th>ABO group</th>
<th>Rh factor</th>
<th>Rubella titre</th>
<th>Prenatal Genetic Screening Type</th>
<th>Gest. diabetes screen (24–28 wks)</th>
<th>Result</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Antibody titre (DD/MM/YYYY)</th>
<th>Result</th>
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<tr>
<td>1</td>
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<tr>
<td>2</td>
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<table>
<thead>
<tr>
<th>HIV test done</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>HBsAg done (DD/MM/YYYY)</th>
<th>Yes</th>
<th>No</th>
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<th>Rhig given (DD/MM/YYYY)</th>
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<tr>
<th>Partner / household contact</th>
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<tr>
<th>Personal health number</th>
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**14. Age**

<table>
<thead>
<tr>
<th>Pre-pregnant weight (kg)</th>
<th>Height (cm)</th>
<th>LMP (DD/MM/YYYY)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Confirmed EDD (DD/MM/YYYY)</td>
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</table>

**15. Potential or Actual Concerns:**

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th>Pregnancy</th>
<th>Labour</th>
<th>Breastfeeding</th>
<th>Postpartum</th>
<th>Newborn</th>
</tr>
</thead>
</table>

**16. Date**

<table>
<thead>
<tr>
<th>B.P.</th>
<th>Urine Wt. (KG)</th>
<th>Gest. wks.</th>
<th>Fundus (cm)</th>
<th>FHR</th>
<th>FM</th>
<th>Pres. and Pos.</th>
<th>Comments</th>
<th>Next visit</th>
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</table>

- **Give Pregnancy Passport**
- **1st tri serum 10–13\(^{st}\) wks / NT 11–13\(^{st}\) wks**
- **2nd tri serum 15–20\(^{st}\) weeks**
- **At 20 wks copy to patient / to hospital**
- **Reassess diet, physical activity, smoking, alcohol & substance use**
- **Discuss fetal movement 26–32 wks**
- **At 36 wks copy to patient / to hospital**

**17. Second & Third Trimester Topics Discussed**

- **Call schedule**
- **Risks / benefits of planned or use of blood / blood products**
- **Birth plan**
- **Pain management**
- **Hospital admission**
- **Doula**
- **VBAC**
- **Newborn screening: bloodspot / hearing**
- **Infant car seats**
- **Breastfeeding**

**18. Other Investigations & Comments**

- **1st US (DD/MM/YYYY)**
- **GA by US (WEEKS + DAYS)**
- **If maternal prenatal screen above cut-off, amnio:**

**SIGNATURE:**

MD / MW

© Perinatal Services BC

PSBC 1582 – OCTOBER 2011

WHITE: MOTHER'S CHART    YELLOW: INFANT'S CHART    PINK: PHYSICIAN/MIDWIFE

BAR CODE AREA – DO NOT USE
Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

SCORING GUIDE

1. I have been able to laugh and see the funny side of things
   0 As much as I always could
   1 Not quite so much now
   2 Definitely not so much now
   3 Not at all

2. I have looked forward with enjoyment to things
   0 As much as I ever did
   1 Rather less than I used to
   2 Definitely less than I used to
   3 Hardly at all

3. I have blamed myself unnecessarily when things went wrong
   3 Yes, most of the time
   2 Yes, some of the time
   1 Not very often
   0 No, never

4. I have been anxious or worried for no good reason
   0 No, not at all
   1 Hardly ever
   2 Yes, sometimes
   3 Yes, very often

5. I have felt scared or panicky for no very good reason
   3 Yes, quite a lot
   2 Yes, sometimes
   1 No, not much
   0 No, not at all

6. Things have been getting on top of me
   3 Yes, most of the time I haven't been able to cope
   2 Yes, sometimes I haven't been coping as well as usual
   1 No, most of the time I have coped quite well
   0 No, I have been coping as well as ever

7. I have been so unhappy that I have had difficulty sleeping
   3 Yes, most of the time
   2 Yes, sometimes
   1 Not very often
   0 No, not at all

8. I have felt sad or miserable
   3 Yes, most of the time
   2 Yes, quite often
   1 Not very often
   0 No, not at all

9. I have been so unhappy that I have been crying
   3 Yes, most of the time
   2 Yes, quite often
   1 Only occasionally
   0 No, never

10. The thought of harming myself has occurred to me
    3 Yes, quite often
    2 Sometimes
    1 Hardly ever
    0 Never

A score of 1 – 3 to item 10 indicating a risk of self-harm, requires immediate mental health assessment and intervention as appropriate.

Scoring of 11 – 13 range, monitor, support, and offer education.

Scoring of 14 or higher, follow up with comprehensive biopsychosocial diagnostic assessment for depression.

Source: Cox, JL Cox, Holden, JM, Sagovsky, R (1987)
Department of Psychiatry, University of Edinburgh

TWEAK SCORING GUIDE

<table>
<thead>
<tr>
<th>T</th>
<th>Tolerance:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“How many drinks does it take to make you feel high?”</td>
</tr>
<tr>
<td></td>
<td>(Or this can be modified to “How many drinks can you hold?”)</td>
</tr>
<tr>
<td></td>
<td>Record number of drinks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>W</th>
<th>Worry:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Have close friends or relatives worried or complained about your drinking in the past year?&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Eye-Opener:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Do you sometimes have a drink in the morning when you first get up?”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Amnesia (Blackout):</th>
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<tbody>
<tr>
<td></td>
<td>Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?</td>
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<thead>
<tr>
<th>K</th>
<th>Cut Down:</th>
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<tbody>
<tr>
<td></td>
<td>“Do you sometimes feel the need to cut down on your drinking?”</td>
</tr>
</tbody>
</table>

A score of 2 or more points indicates a risk of a drinking problem.

To estimate pre-pregnancy BMI, locate the point on the chart where height and weight intersect. Read the number on the dashed line closest to this point.