

Name: \_\_\_\_\_



Date: \_\_\_\_\_

### **“WIC’s Role in Addressing Substance Use”**

#### 2025 IL WIC Training & Education Conference Worksheet

1. The safe level of alcohol consumption during pregnancy is:
  - a. Up to 1 standard drink per week
  - b. Up to 1 standard drink per day
  - c. Up to 2 standard drinks per day
  - d. None
2. Alcohol has a causal relationship with at least \_\_\_\_ different cancers.
  - a. 2
  - b. 5
  - c. 7
  - d. 10
3. True or False: Smoking marijuana during pregnancy is known to be less harmful than tobacco.
4. About \_\_\_\_% of those with a substance use disorder are food insecure.
  - a. 10%
  - b. 25%
  - c. 70%
  - d. 55%
5. Nutritional impacts of opioid use include:
  - a. Folate deficiency
  - b. High BMI
  - c. Iron deficiency
  - d. Increased appetite
  - e. A and C only
6. Which of the following is not an open-ended question about substance use?
  - a. What don’t you like about the effects of [behavior/substance]?
  - b. Are you planning to quit or reduce your use of [substance]?
  - c. How would you like things to change?
  - d. What might be the benefits of quitting or reducing your use?

7. Where can WIC staff find more guidance about substance use screening, education, and referral activities in WIC?
  - a. USDA WIC Nutrition Risk manual
  - b. WIC Substance Use Prevention Manual
  - c. IWIC Assessment Guides
  - d. All of the above
  
8. Review the IWIC Pregnant Certification Health Screen screenshot below. Choose two substances asked about on this screen and write your own open-ended questions to screen a participant about their use.

**4. Do you use any nicotine or tobacco products including, cigarettes, pipes, cigars, e-cigarettes, vape, hookahs, chewing tobacco, or tobacco replacement therapies (gums, patches).**  
 Yes  No

**5. Are you ever in an enclosed area while someone is using tobacco products?**  
 Yes  No

**6. Drink alcohol?**  Yes  No  
 >8 drinks per week     >4 drink per day     >4 drinks in 2 hours

**7. Use marijuana in any form?**  Yes  No

**8. Misuse prescription medication?**  Yes  No

**9. Use other illegal substances?**  Yes  No

- a. \_\_\_\_\_  
 \_\_\_\_\_
- b. \_\_\_\_\_  
 \_\_\_\_\_

9. Name two resources/organizations where you can provide direct referrals for participants that are ready to make a change in their substance use, either local/regional or statewide.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_