

# Survey and consent for better care of pregnant women, ORVEP mission

## (Perinatal Vulnerability Identification Tool)

The information collected in this form is recorded by the **Réseau Périnat Centre-Val de Loire (CVL)** for the identification and monitoring of the consumption of psychoactive substances during pregnancy, as part of the **ORVEP** project.

Only the **ORVEP** departmental branch and the coordinators of the **Réseau Périnat CVL** will receive the data.

You can access your data, request its rectification or deletion from the professionals who took care of you or with the **ORVEP** project team via the address linked to your department:

[sagefemme-orvep37@chu-tours.fr](mailto:sagefemme-orvep37@chu-tours.fr)

[sagefemme-orvep41@ch-blois.fr](mailto:sagefemme-orvep41@ch-blois.fr)

You can also withdraw your consent to the processing of your data at any time.

In case of difficulty in exercising your rights, you can contact the Data Protection Officer: [dpo@ght-tvl.fr](mailto:dpo@ght-tvl.fr)

You also have a right to lodge a complaint with the CNIL: Commission Nationale de l'Informatique et des Libertés - 3, place de Fontenoy - TSA 80715 - 75334 Paris cedex 07.

After reviewing the above information:

\* I give my consent

\* I do not give my consent

for the use of my personal data from the form below.

Date and signature

## Patient Information \*

Maiden Name\*: ..... Marital name\*: .....  
First Name\*: ..... Date of birth\*:        /        /  
Phone\*: ..... Email address\*: .....

## Healthcare professional information

Name \*: ..... Phone: .....  
First name: ..... Email address: .....  
Function\*: ..... City: .....



# QUESTIONNAIRE ORVEP

Madam

We invite you to answer this questionnaire in order to get to know you better and to better support you during your pregnancy.

(\*) Required fields

- \* 1 - What did you usually drink before pregnancy? (Several answers possible)  
 Water  Soda  Cider  Beer  Wine  Strong Alcohol  Coffee  Other
- \* 2 - Since the beginning of your pregnancy, have you ever drunk alcohol (beer, wine, champagne, etc.) during a party, a party or another occasion?  
 Yes  No
- \* 3 - How many cigarettes did you smoke per day on average before pregnancy?  
 0  1-10  11-20  21-30  + 30
- \* 4 - Are you currently smoking?  
 Yes  No
- \* 5 - Have you ever used any of these substances: cannabis, ecstasy, amphetamines, MDMA, crack, LSD, cocaine, heroin or another drug?  
 Yes  No
- \* 6 - Have you ever consumed it in recent months?  
 Yes  No
- \* 7 - In recent months, have you taken any of these medications: tranquilizers, antidepressants, benzo, sleeping pills, methadone, Subutex®, painkillers, others?  
 Yes  No

The ..... / ..... / .....

If consumption has been identified, the ORVEP midwife of your department will contact you later to discuss them at greater length and offer you a personalized follow-up.

- I accept these conditions  
 I refuse these conditions

Signature

# CONSENT FORM PGUARDS ORVEP

(Perinatal Vulnerability Identification Tool)

The **ORVEP** questionnaire (Perinatal Vulnerability Identification Tool) is proposed as part of a project led by the **Réseau Périnat Centre-Val de Loire (CVL)** and the Regional Health Agency (ARS).

It aims to improve the identification and monitoring of pregnant women in the event of the consumption of psychoactive substances (tobacco, alcohol, drugs, etc.) that may have an impact on the course of pregnancy.

By completing this questionnaire, you agree that the **ORVEP** midwife in your department will contact you again to talk more about the consumption that has been identified and offers you personalized support.

The personal data collected in this context are hosted by the GIP e-Santé Centre-Val de Loire in an HDS certified environment and are used only in the context of the study.

Unless you ask otherwise, only the **ORVEP** Project - **Réseau Périnat CVL** team may contact you again and collect additional information on the follow-up during your pregnancy.

You are free to accept or refuse the support offered as well as the use of your personal data by the **ORVEP** Project - **Réseau Périnat CVL** team from the questionnaire and telephone contacts that will be made during your pregnancy.

For more information, you can talk to the **ORVEP** project team via the address linked to your department:

[sagefemme-orvep37@chu-tours.fr](mailto:sagefemme-orvep37@chu-tours.fr)

[sagefemme-orvep41@ch-blois.fr](mailto:sagefemme-orvep41@ch-blois.fr)

---

**Réseau Périnat Centre-Val de Loire**

CHRU de Tours – Hôpital Bretonneau – 2 Bd Tonnellé – 37044 TOURS Cedex 9

[www.perinatalite-centre.fr](http://www.perinatalite-centre.fr)

secretariat.perinatcvl@chu-tours.fr