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**TCU DRUG SCREEN 5 – Opioid Supplement**

**\*If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, or Q13r regarding opioid use is more than “Never,” then complete the following questions.**

# In the LAST 12 MONTHS –

1. **What types of opioids have you used?**

a. Heroin ..........................................................................................................  *No*  *Yes*

b. Oxycodone (Oxycontin, Percodan, Percocet) .............................................  *No*  *Yes*

c. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) ..........................  *No*  *Yes*

d. Morphine (Kadian, Avinza, MS Contin) .....................................................  *No*  *Yes*

e. Fentanyl (Duragesic, Fentora) .....................................................................  *No*  *Yes*

f. Hydromorphone (Dilaudid, Exalgo) ............................................................  *No*  *Yes*

g. Methadone (Dolophine) ..............................................................................  *No*  *Yes*

h. Oxymorphone (Opana) ................................................................................  *No*  *Yes*

i. Codeine (Tylenol/cough syrup with codeine) .............................................  *No*  *Yes*

# How many times did you inject an opioid?

* + *Never*  A *few times*  *1-3 times/month*  *1-5 times per week*  *Daily*

# How many times did you take an opioid in another way (e.g., ground pills and sniffed it, put a film in your mouth)?

* + *Never*  A *few times*  *1-3 times/month*  *1-5 times per week*  *Daily*

# How many times did you take an opioid prescribed for you?

* + *Never*  A *few times*  *1-3 times/month*  *1-5 times per week*  *Daily*

# How many times did you take an opioid prescribed for someone else?

* + *Never*  A *few times*  *1-3 times/month*  *1-5 times per week*  *Daily*

# From whom did you get the opioids you took?

a. Medical doctor/pharmacy? .............................................................................  *No*  *Yes*

b. Family member? ............................................................................................  *No*  *Yes*

c. Friend? ...........................................................................................................  *No*  *Yes*

d. Someone else (e.g., “on the street”)? .............................................................  *No*  *Yes*

**7. Have you taken opioids for medical reasons?** .....................................................  *No*  *Yes\**

**\*IF YES,** briefly describe the reasons:

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**8. Have you taken opioids for non-medical reasons?** .............................................  *No*  *Yes\**

**\*IF YES,** briefly describe the reasons:

1. **Has a doctor prescribed opioid medications for you?** .......................................  *No*  *Yes\**

# \*IF YES:

* 1. did you have the most recent prescription filled? ..........................................  *No*  *Yes\**
  2. did you take all of the medications as prescribed? ........................................  *No*  *Yes*\*
  3. did you give or sell any of your medications to someone else? .....................  *No*  *Yes*\*

# Have you taken other medications or illegal drugs for medical reasons

**(e.g., to treat pain)?** ...............................................................................................  *No*  *Yes\**

\***IF YES,** please list:

Drug/medication: Reasons for taking: Drug/medication: Reasons for taking: Drug/medication: Reasons for taking:

# Do you or someone close to you (e.g., family, friend) have access to

**naloxone (Narcan) to reverse an overdose?** ........................................................  *No*  *Yes*

# How many times have you EVER overdosed after taking opioids?

* *Never*  *Once*  *Twice*  *3 times*  *4 or more times*

# In the last 12 months, how many times have you overdosed after taking opioids?

* *Never*  *Once\**  *Twice\**  *3 times\**  *4 or more times\**

# \*IF MORE THAN “NEVER,” in the last 12 months:

* 1. **What types of opioids did you use?**

1. Heroin .....................................................................................................  *No*  *Yes*

2. Oxycodone (Oxycontin, Percodan, Percocet) .........................................  *No*  *Yes*

3. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) .....................  *No*  *Yes* 4. Morphine (Kadian, Avinza, MS Contin) ................................................  *No*  *Yes* 5. Fentanyl (Duragesic, Fentora) ................................................................  *No*  *Yes* 6. Hydromorphone (Dilaudid, Exalgo) .......................................................  *No*  *Yes* 7. Methadone (Dolophine) ..........................................................................  *No*  *Yes* 8. Oxymorphone (Opana) ...........................................................................  *No*  *Yes*

9. Codeine (Tylenol/cough syrup with codeine) .........................................  *No*  *Yes*

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# How many times did you go to the hospital or emergency room because of an overdose on opioids?

* + - *Never*  *Once*  *Twice*  *3 times*  *4 or more times*

# How many times were you given naloxone (Narcan) because of an overdose?

* + - *Never*  *Once*  *Twice*  *3 times*  *4 or more times*

# Have you received any follow-up treatment after the most recent

**overdose?** ..............................................................................................................  *No*  *Yes*

# Have you received Medication Assisted Treatment (MAT)

**in the last 12 months?** ...................................................................................................  *No*  *Yes*

1. **Are you currently receiving Medication Assisted Treatment (MAT)?** .............  *No*  *Yes*

\***IF YES,** what type?

a. Methadone (Dolophine or Methadone) ...................................................  *No*  *Yes*

b. Buprenorphine (Subutex, Suboxone) ......................................................  *No*  *Yes*

c. Oral naltrexone (Depade, Revia) ............................................................  *No*  *Yes*

d. Depot natrexone (Vivitrol) ......................................................................  *No*  *Yes*

e. Other, specify: ...............  *No*  *Yes*

1. **Have you obtained any of these medications without a prescription?** .............  *No*  *Yes*
2. **Have you taken more of these medications than were prescribed?** ..................  *No*  *Yes*