

Site name

MRN: _____

Adult

1. In the past year have you used prescription opioids just for the feeling, more than prescribed, or were not prescribed for you? (Examples: fentanyl, oxycodone, percocet, oxycontin etc.)	Never (0)	Monthly or Less (1)	2-4 times per month (1)	2-3 times per week (1)	4 or more times per week (1)
2. In the past year have you used non-opioid prescription medications just for the feeling, more than prescribed, or were not prescribed for you? (Examples: Xanax, Ritalin, Adderall, Klonopin, Ambien, etc.)?	Never (0)	Monthly or Less (1)	2-4 times per month (1)	2-3 times per week (1)	4 or more times per week (1)
3. In the past year, how often have you used other drugs (for example street heroin, cocaine, salvia, inhalants, etc.)?	Never (0)	Monthly or Less (1)	2-4 times per month (1)	2-3 times per week (1)	4 or more times per week (1)