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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*

2. How many times did you inject an opioid?

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

3. 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*

4. 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*

5. 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*

6. 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:

9. **Has a doctor prescribed opioid medications for you?** *No* *Yes**

***IF YES:**

a. did you have the most recent prescription filled? *No* *Yes**

b. did you take all of the medications as prescribed? *No* *Yes**

c. did you give or sell any of your medications to someone else? *No* *Yes**

10. **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: _____

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11. **Do you or someone close to you (e.g., family, friend) have access to naloxone (Narcan) to reverse an overdose?** *No* *Yes*

12. **How many times have you EVER overdosed after taking opioids?**

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

13. **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:**

a. 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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b. 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

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

- Never*
 Once
 Twice
 3 times
 4 or more times

d. Have you received any follow-up treatment after the most recent overdose?

- No* *Yes*

14. Have you received Medication Assisted Treatment (MAT) in the last 12 months?

- No* *Yes*

15. 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 naltrexone (Vivitrol) *No* *Yes*
- e. Other, specify: _____ *No* *Yes*

16. Have you obtained any of these medications without a prescription?

- No* *Yes*

17. Have you taken more of these medications than were prescribed?

- No* *Yes*