

# Substance Use Screening Questions

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## INTRODUCTION

If it's okay with you, I'd like to ask you a few questions about your experience with alcohol and other drugs that will help us give you better medical care. Some of the substances we'll talk about are prescribed medications, but I'll only record those if you have taken them for reasons or in doses other than as prescribed. I'll also ask you about illicit or illegal drug use, but it's only to help the medical team better diagnose and treat you.

## QUESTIONS

In the past 3 months, did you use a prescription opioid pain reliever (e.g., Percocet, Oxys, Dilaudid) not as prescribed or that was not prescribed to you?

Yes  No

In the past 3 months, did you use heroin or fentanyl?

Yes  No

In the past 3 months, have you tried and had difficulty controlling, cutting down, or stopping your opioid use?

Yes  No

In the past 3 months, has anyone expressed concern about your use of opioids?

Yes  No

*(Patients assigned male at birth:)* In the past 3 months, have you had 5 or more drinks containing alcohol in one day?

Yes  No

*(Patients assigned female at birth:)* In the past 3 months, have you had 4 or more drinks containing alcohol in one day?

Yes  No

In the past 3 months, have you tried and had difficulty controlling, cutting down, or stopping drinking?

Yes  No

In the past 3 months, has anyone expressed concern about your drinking?

Yes  No

## FOLLOW-UP

Thank you for sharing this information with me. I'll be discussing your care with the medical team, and they may have some suggestions for medications or other types of treatment if you're interested.

## BASED ON

### **NIDA Quick Screen Question Format**

<https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf>

[https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/resource\\_guide.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/resource_guide.pdf)

### **TAPS**

<https://www.drugabuse.gov/taps/#/>