

**SCREENING FOR DRUG USE**

In the past year how, many times have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol (For men, 5 or more drinks in a day; for women, 4 or more drinks in a day)					
Tobacco Products					
Prescription Drugs for Nonmedical Reasons					
Illegal Drugs					

**If patient reports use in the last year, move on to next question.  
 If both are never, stop here.**

Q1. Which one of the following substances have you ever used in your lifetime?

- a. Cannabis (marijuana, pot, grass, hash, etc.)
- b. Cocaine (coke, crack, etc.)
- c. Prescription stimulants\* (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)
- d. Methamphetamine (speed, ice, etc.)
- e. Inhalants (nitrous, glue, gas, paint thinner, etc.)
- f. Sedatives or sleeping pills\* (Valium, Serepax, Xanax, etc.)
- g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)
- h. Street opioids (heroin, opium, etc.)
- i. Prescription opioids\* (fentanyl, oxycodone, hydrocodone, methadone, buprenorphine, etc.)
- j. Other—Specify \* Please report nonmedical use only: \_\_\_\_\_



PT.

MR.#/RM.

DR.

## SCREENING FOR DRUG USE

	Never	Once or twice	Monthly	Weekly	Daily or almost daily
2. In the past 3 months, how often have you used each of the substances you mentioned [first drug, second drug, etc.]?	0	2	3	4	6
<b>If the answer is "never" skip, to question 6</b>					
3. How often have you had a strong desire or urge to use?	0	3	4	5	6
4. How often has your use of [first drug, second drug, etc.] led to health, social, legal, or financial problems?	0	4	5	6	7
5. How often have you failed to do what was normally expected of you because of your use of [first drug, second drug, etc.]?	0	5	6	7	8
			NO	Yes, but not in the past three months	Yes, in the past three months
6. Has a friend or relative or anyone else ever expressed concern about your use of [first drug, second drug, etc.]?			0	3	6
7. Have you ever tried and failed to control, cut down, or stop using [first drug, second drug, etc.]?			0	3	6
8. Have you ever used any drug by injection? (nonmedical use only)				Recommend HIV/Hepatitis B & C Testing	Recommend HIV/Hepatitis B & C Testing

**Score** \_\_\_\_\_

- 0-3     Provide feedback     Reinforce abstinence     Offer continuing support
- 4-26     Provide feedback     Advise, Assess, and Assist  
 Consider referral based on clinical judgment     Offer continuing support
- ≥ 27     Provide feedback on the screening results     Advise, Assess, and Assist  
 Arrange referral     Offer continuing support



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## CASE SUMMARY SUBSTANCE USE ORDERS

### Tobacco Use:

- Tobacco cessation counseling provided
- Nicotine substitute medication offered: **Accepted** **Declined**
- Prescription for tobacco cessation medication ordered on discharge

### Alcohol Use:

- Patient does not have an alcohol dependence disorder, substance abuse referral and/or medication is not needed
- Patient has an alcohol dependence disorder; social work is to refer to substance abuse treatment
- Patient has an alcohol dependence disorder; medication prescribed at discharge is: \_\_\_\_\_
- Motivational interviewing provided

### Drug Use:

- Patient does not have a drug dependence disorder
- Patient has a drug dependence disorder; social work is to refer to substance abuse treatment
- Patient has a drug dependence disorder; medication prescribed at discharge is: \_\_\_\_\_
- Motivational interviewing provided

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date/Time:



PT.

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DR.