During your recent visit to the emergency department, were you Admitted to the Hospital or Sent Home from the Emergency Department?

ADMITTED TO THE HOSPITAL

SENT HOME FROM THE EMERGENCY DEPARTMENT

Note: "Admitted to the Hospital" means you stayed in a hospital bed outside of the emergency department either under observation status or as a full admission.

NEXT

1/44

During your recent visit to the emergency department, did you receive a referral for treatment of a substance use disorder?

YES

NO

BACK

2/44

Since your emergency department visit, have you or do you plan to see anyone for treatment of a substance use disorder?

- A) YES, I CALLED AND HAVE AN APPOINTMENT SCHEDULED
- B) YES, I HAD AN APPOINTMENT SCHEDULED WHEN I WAS IN THE ED
- C) YES, I CALLED BUT THEY WERE UNABLE TO GIVE ME AN APPOINTMENT
- D) YES, I HAVE ALREADY HAD A FOLLOW-UP APPOINTMENT OR HAVE SEEN A TREATMENT PROVIDER IN PERSON
 - E) NO, I WASN'T SURE WHO I SHOULD CALL OR HOW TO SCHEDULE AN APPOINTMENT
 - F) NO, I WOULD LIKE AN APPOINTMENT FOR TREATMENT BUT HAVE BEEN UNABLE TO CALL
 - G) NO, I AM NOT INTERESTED IN TREATMENT AT THIS TIME



Were you prescribed any medications at the end of your emergency department visit?

YES

NO

BACK

4/44

What medications? (choose all that apply)

	BUPRENORPHINE / SUBOXONE	
	NALOXONE / NARCAN	
	ANTIBIOTICS (FOR EXAMPLE: KEFLEX, BACTRIM, CIPROFLOXACIN, ETC.)	
	PAIN MEDICATIONS	
	CLONIDINE	
	ANTIEMETIC (FOR EXAMPLE: ZOFRAN, REGLAN, ETC.)	
Other		

Were you able to get them from the pharmacy?

I. YES, I DID PICK THEM UP

II. NO, I WANTED TO PICK THEM UP BUT WAS UNABLE TO GET TO THE PHARMACY

III. NO, I TRIED TO PICK THEM UP BUT WHEN I GOT TO THE PHARMACY THERE WAS A PROBLEM PICKING THEM UP (INSURANCE, FORMULATION, ID, ETC)

IV. NO, I DID NOT PICK UP THE MEDICATIONS

Other

BACK 6/44 NEXT



During your recent hospital stay, did you receive a referral for treatment of a substance use disorder?

YES

NO

BACK

7/44

Since your recent hospital stay, have you or do you plan to see anyone for treatment of a substance use disorder?

- A) YES, I CALLED AND HAVE AN APPOINTMENT SCHEDULED
- B) YES, I HAD AN APPOINTMENT SCHEDULED WHEN I WAS IN THE ED
- C) YES, I CALLED BUT THEY WERE UNABLE TO GIVE ME AN APPOINTMENT
- D) YES, I HAVE ALREADY HAD A FOLLOW-UP APPOINTMENT OR HAVE SEEN A TREATMENT PROVIDER IN PERSON
 - E) NO, I WASN'T SURE WHO I SHOULD CALL OR HOW TO SCHEDULE AN APPOINTMENT
 - F) NO, I WOULD LIKE AN APPOINTMENT FOR TREATMENT BUT HAVE BEEN UNABLE TO CALL
 - G) NO, I AM NOT INTERESTED IN TREATMENT AT THIS TIME



Did you receive any medications to treat opioid use disorder or opioid withdrawal, including methadone, buprenorphine, or Suboxone, during your recent hospital stay?

YES

NO

BACK 9/44

Were you sent home with a prescription for buprenorphine or Suboxone when you were discharged from the hospital 3 days ago?

YES

NO

BACK 10 / 44

Were you able to get them from the pharmacy?

I. YES, I DID PICK THEM UP

II. NO, I WANTED TO PICK THEM UP BUT WAS UNABLE TO GET TO THE PHARMACY

III. NO, I TRIED TO PICK THEM UP BUT WHEN I GOT TO THE PHARMACY THERE WAS A PROBLEM PICKING THEM UP (INSURANCE, FORMULATION, ID, ETC)

IV. NO. I DID NOT PICK UP THE MEDICATIONS.

Other

BACK 11/44 NEXT



In the past 30 days, how many times have you had an overdose involving opioids? This could be where you lost consciousness, OR needed medical care, OR Naloxone (Narcan)? (Choose number between 0 and 50)

Choose number between 0 and 50

BACK

12 / 44

In the past 30 days, how often have you used opioids when nobody else was around?

NEVER

RARELY

SOMETIMES

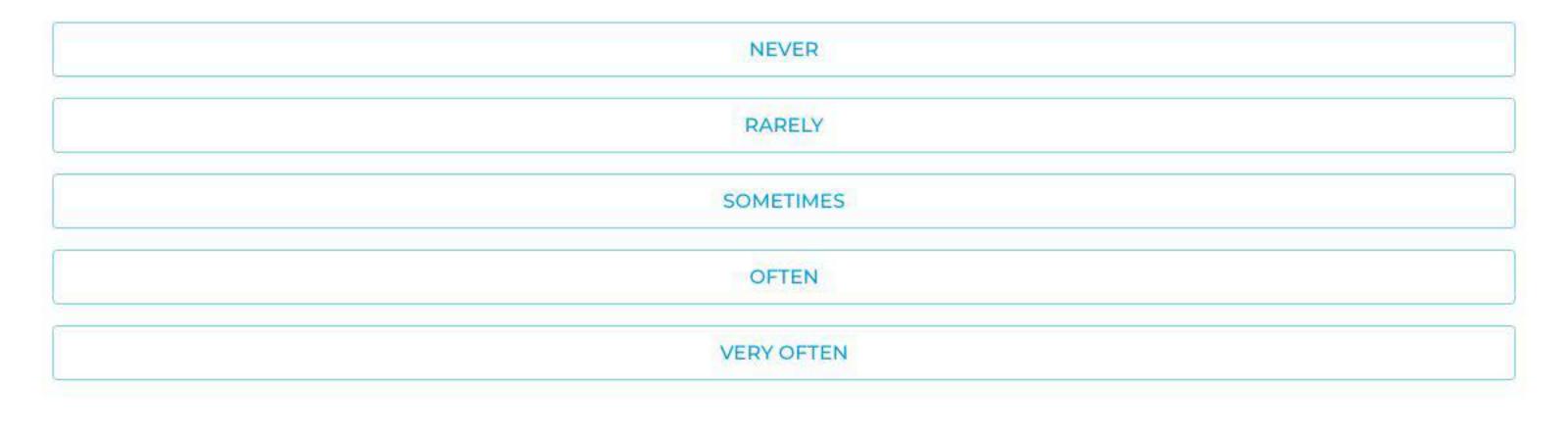
OFTEN

VERY OFTEN

BACK

13 / 44

In the past 30 days, how often have you used opioids in a place where you don't usually use them?



BACK

14/44

In the past 30 days, how often did you drink alcohol within 2 hours before or after using opioids?

NEVER

RARELY

SOMETIMES

OFTEN

VERY OFTEN

BACK

15 / 44

In the past 30 days, how often did you take sedatives (such as Xanax) within 2 hours before or after using opioids?

NEVER RARELY SOMETIMES OFTEN **VERY OFTEN** 16 / 44 BACK **NEXT** In the past 30 days, how often did you use heroin within 2 hours before or after using opioid pain medications?

RARELY

SOMETIMES

OFTEN

VERY OFTEN

17 / 44

BACK

In the past 30 days, how often did you use uppers (such as crack, cocaine, crystal/meth) within 2 hours before or after using opioids?

NEVER

ONCE

MORE THAN ONCE

BACK 18 / 44

In the past 30 days, how often have you increased the amount of opioids you used to more than you usually use?

BACK

NEVER

RARELY

SOMETIMES

OFTEN

VERY OFTEN

19 / 44

In the past 30 days, how often have you snorted any drugs?

NEVER

RARELY

SOMETIMES

OFTEN

VERY OFTEN

BACK

20 / 44

In the past 30 days, how often have you injected any drugs?

NEVER

RARELY

SOMETIMES

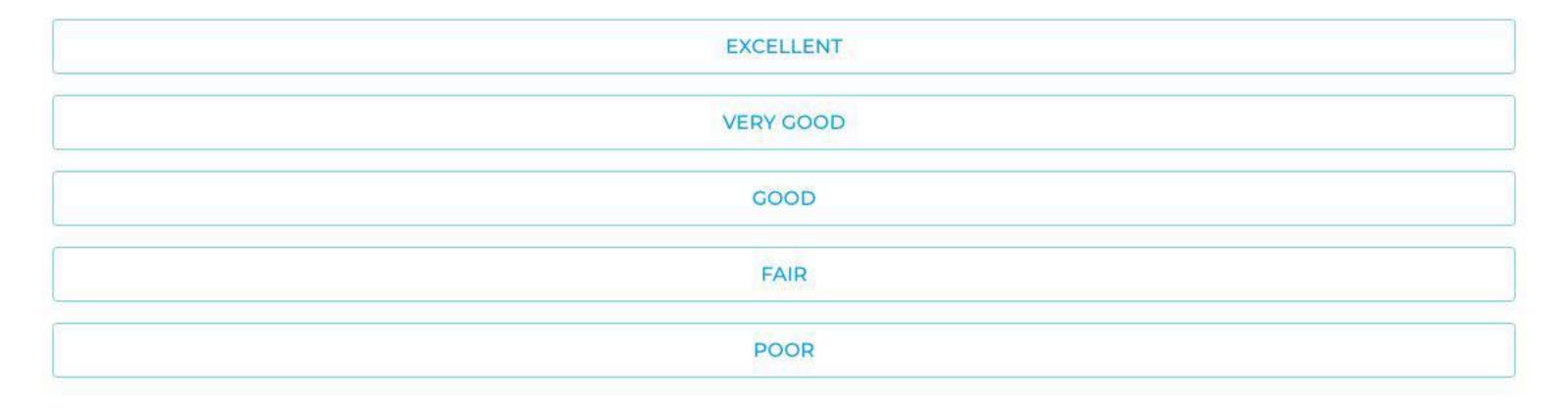
OFTEN

VERY OFTEN

BACK

21/44

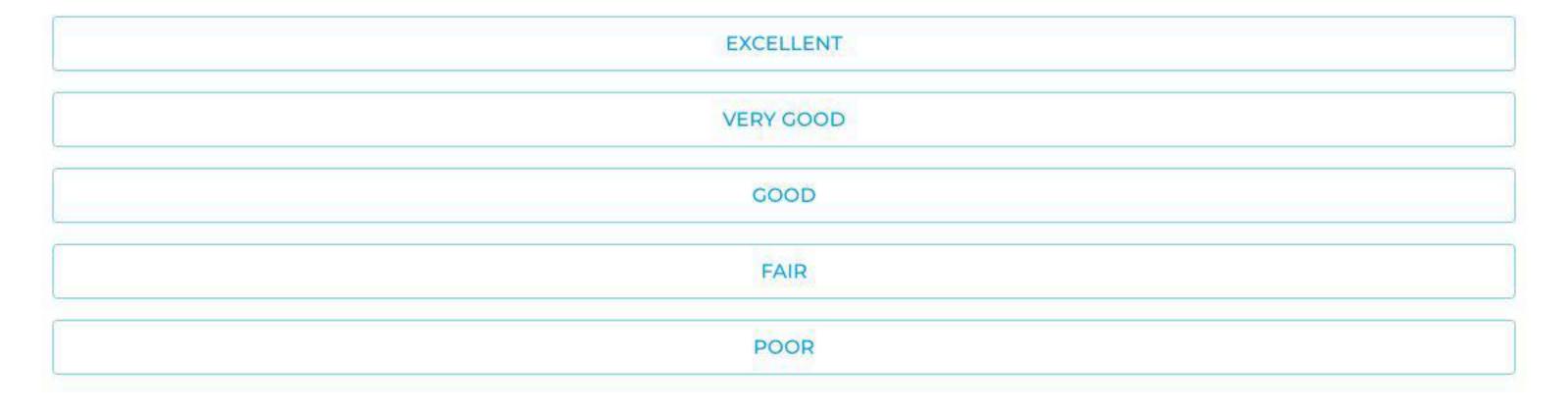
In general, would you say your health is:



BACK

22 / 44

In general, would you say your quality of life is:



BACK 23 / 44

In general, how would you rate your physical health?

VERY GOOD

GOOD

FAIR

POOR

BACK

24/44

In general, how would you rate your mental health, including your mood and your ability to think?

VERY GOOD GOOD FAIR	EXCELLENT
	VERY GOOD
FAIR	GOOD
	FAIR
POOR	POOR

BACK

25 / 44

In general, how would you rate your satisfaction with your social activities and relationships?

EXCELLENT
VERY GOOD
GOOD
FAIR
POOR

BACK

26/44

In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

EXCELLENT
VERY GOOD
GOOD
FAIR
POOR

BACK

27 / 44

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

COMPLETELY

MOSTLY

MODERATELY

A LITTLE

NOT AT ALL

BACK

28 / 44

In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

	NEVER	
	RARELY	
	SOMETIMES	
	OFTEN	
	ALWAYS	
BACK	29 / 44	NEXT

In the past 7 days, how would you rate your fatigue on average?

MILD

MODERATE

SEVERE

VERY SEVERE

BACK

30 / 44

In the past 7 days, how would you rate your pain on average?

No pain

Worst pain imaginable

BACK

31 / 44

Treatment Effectiveness Assessment (TEA)

The TEA asks you to express the extent of changes for the better from your involvement in the program to this point (or how things are if it's your first TEA or baseline) in four areas: substance use, health, lifestyle, and community. For each area, think about how things have become better and select the results on the slide scale: from not better at all to very much better (or somewhere in between). In each area write down the one or two changes most important to you in the Remarks section, feel free to add details, explain remarks, and make comments as well.

BACK

32 / 44

Substance Use

How much better are you with drug and alcohol use? Consider the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being loaded, being sick, in trouble and in other drug-using activities, etc. [Choose a number from 1 to 10.1 = None or not much better: 10 = Much better]

1 2 3 4 5 6 7 8 9 10

Remarks

BACK 33/44 NEXT

Health

Has your health improved? In what way and how much? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc? [Choose a number from 1 to 10. 1 = None or not much better: 10 = Much better]

1 2 3 4 5 6 7 8 9 10

Remarks

BACK 34 / 44 NEXT

Lifestyle

How much better are you in taking care of personal responsibilities? Think about your living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal or professional commitments? [Choose a number from 1 to 10.1 = None or not much better: 10 = Much better]

1 2 3 4 5 6 7 8 9 10

Remarks

BACK 35/44 NEXT

Community

Are you a better member of the community? Think about things like obeying laws and meeting your responsibilities to society: Do your actions have positive or negative impacts on other people? [Choose a number from 1 to 10.1 = None or not much better: 10 = Much better]

1 2 3 4 5 6 7 8 9 10

Remarks

BACK 36/44 NEXT

In the past 30 days, have you used drugs other than alcohol or your prescribed medications?

YES

NO

BACK

37 / 44

In the past 30 days, I felt that my drug use was out of control

NOT AT ALL

A LITTLE BIT

SOMEWHAT

QUITE A BIT

VERY MUCH

BACK

38 / 44

In the past 30 days, my desire to use drugs seemed overpowering

NEVER

RARELY

SOMETIMES

OFTEN

ALMOST ALWAYS

BACK

39 / 44

In the past 30 days, drugs were the only thing I could think about

NEVER

RARELY

SOMETIMES

OFTEN

ALMOST ALWAYS

BACK

40 / 44

In the past 30 days, my drug use caused problems with people close to me

RARELY

SOMETIMES

OFTEN

ALMOST ALWAYS

BACK

47/44

In the past 30 days, I have a drug problem

NOT AT ALL

A LITTLE BIT

SOMEWHAT

QUITE A BIT

VERY MUCH

BACK

42/44

In the past 30 days, I craved drugs

NEVER

RARELY

SOMETIMES

OFTEN

ALMOST ALWAYS

43 / 44

BACK

In the past 30 days, I spent a lot of time using drugs

NEVER
RARELY
SOMETIMES
OFTEN
ALMOST ALWAYS