

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

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

 YES NO[BACK](#)

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Since your visit to the emergency department one month ago, 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 EMERGENCY DEPARTMENT

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 one month ago?

 YES NO[BACK](#)

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What medications? (choose all that apply)

I. BUPRENORPHINE/SUBOXONE

II. NALOXONE/NARCAN

III. ANTIBIOTICS (FOR EXAMPLE: KEFLEX, BACTRIM, CIPROFLOXACIN, ETC.)

IV. PAIN MEDICATIONS

V. CLONIDINE

VI. ANTIEMETIC (FOR EXAMPLE: ZOFRAN, REGLAN, ETC.)

Other

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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

Free text

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Have you been prescribed any medications for an opioid use disorder since your emergency department visit one month ago?

 YES NO[BACK](#)

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Which medications? (choose all that apply)

I. BUPRENORPHINE/SUBOXONE

II. NALOXONE/NARCAN

III. CLONIDINE

IV. ANTIEMETIC (FOR EXAMPLE: ZOFRAN, REGLAN, ETC.)

V. NALTREXONE

VI. METHADONE

Other

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Were you able to get your buprenorphine/suboxone from the pharmacy?

 YES NO[BACK](#)

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Did you have any of the following problems getting the buprenorphine/suboxone at the pharmacy? (select all that apply)

A. I PICKED UP MY MEDICATION WITHOUT ANY PROBLEM

B. I HAD TROUBLE GETTING MY MEDICATION DUE TO COST

C. I HAD TROUBLE GETTING MY MEDICATION DUE TO PROBLEMS WITH MY INSURANCE

D. I HAD TROUBLE GETTING MY MEDICATION BECAUSE THE PHARMACY DID NOT CARRY IT OR WAS OUT OF STOCK

E. I HAD TROUBLE GETTING MY MEDICATION BECAUSE THERE WAS A PROBLEM WITH THE PRESCRIPTION

F. I HAD TROUBLE GETTING MY MEDICATION DUE TO TRANSPORTATION

G. I HAD TROUBLE GETTING MY MEDICATION BECAUSE IT IS NOT ALLOWED WHERE I LIVE (I.E. SOBER HOUSE, TREATMENT FACILITY, ETC)

H. I DECIDED THAT I DID NOT WANT TO PICK UP THE MEDICATION



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

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Since your hospital stay one month ago, 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

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

 YES NO[BACK](#)

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

 YES NO[BACK](#)

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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.

Free text

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Have you been prescribed any medications for an opioid use disorder since your hospital stay one month ago?

 YES NO[BACK](#)

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Which medications? (choose all that apply)

I. BUPRENORPHINE/SUBOXONE

II. NALOXONE/NARCAN

III. CLONIDINE

IV. ANTIEMETIC (FOR EXAMPLE: ZOFRAN, REGLAN, ETC.)

V. NALTREXONE

VI. METHADONE

Other

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Were you able to get your buprenorphine/suboxone from the pharmacy?

 YES NO[BACK](#)

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Did you have any of the following problems getting the buprenorphine/suboxone at the pharmacy? (select all that apply)

A. I PICKED UP MY MEDICATION WITHOUT ANY PROBLEM

B. I HAD TROUBLE GETTING MY MEDICATION DUE TO COST

C. I HAD TROUBLE GETTING MY MEDICATION DUE TO PROBLEMS WITH MY INSURANCE

D. I HAD TROUBLE GETTING MY MEDICATION BECAUSE THE PHARMACY DID NOT CARRY IT OR WAS OUT OF STOCK

E. I HAD TROUBLE GETTING MY MEDICATION BECAUSE THERE WAS A PROBLEM WITH THE PRESCRIPTION

F. I HAD TROUBLE GETTING MY MEDICATION DUE TO TRANSPORTATION

G. I HAD TROUBLE GETTING MY MEDICATION BECAUSE IT IS NOT ALLOWED WHERE I LIVE (I.E. SOBER HOUSE, TREATMENT FACILITY, ETC)

H. I DECIDED THAT I DID NOT WANT TO PICK UP THE MEDICATION



Are you currently receiving treatment for an opioid use disorder?

 YES NO[BACK](#)

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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

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

 NEVER RARELY SOMETIMES OFTEN VERY OFTEN[BACK](#)

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

 NEVER RARELY SOMETIMES OFTEN VERY OFTEN[BACK](#)

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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](#)

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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[BACK](#)

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In the past 30 days, how often did you use heroin within 2 hours before or after using opioid pain medications?

 NEVER RARELY SOMETIMES OFTEN VERY OFTEN[BACK](#)

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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](#)

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

 NEVER RARELY SOMETIMES OFTEN VERY OFTEN[BACK](#)

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

 NEVER RARELY SOMETIMES OFTEN VERY OFTEN[BACK](#)

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

 NEVER RARELY SOMETIMES OFTEN VERY OFTEN[BACK](#)

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In general, would you say your health is:

 EXCELLENT VERY GOOD GOOD FAIR POOR[BACK](#)

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

 EXCELLENT VERY GOOD GOOD FAIR POOR[BACK](#)

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In general, how would you rate your physical health?

 EXCELLENT VERY GOOD GOOD FAIR POOR[BACK](#)

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

 EXCELLENT VERY GOOD GOOD FAIR POOR[BACK](#)

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

 EXCELLENT VERY GOOD GOOD FAIR POOR[BACK](#)

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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](#)

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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](#)

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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](#)

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

 NONE MILD MODERATE SEVERE VERY SEVERE[BACK](#)

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



No pain

Worst pain imaginable

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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.

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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

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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

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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

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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

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

 YES NO[BACK](#)

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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](#)

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

 NEVER RARELY SOMETIMES OFTEN ALMOST ALWAYS[BACK](#)

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

 NEVER RARELY SOMETIMES OFTEN ALMOST ALWAYS[BACK](#)

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

 NEVER RARELY SOMETIMES OFTEN ALMOST ALWAYS[BACK](#)

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In the past 30 days, I have a drug problem.

 NOT AT ALL A LITTLE BIT SOMEWHAT QUITE A BIT VERY MUCH[BACK](#)

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In the past 30 days, I craved drugs

 NEVER RARELY SOMETIMES OFTEN ALMOST ALWAYS[BACK](#)

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

NEVER

RARELY

SOMETIMES

OFTEN

ALMOST ALWAYS