HIGHLAND FAMILY PRACTICE
4460 South Highland Dr., Suite 400
Salt Lake City, Utah 84124
801-272-4111

# Drug Addiction Treatment Follow-Up Questionnaire for:

**Name: _____ Date Of Birth: _____**

Please circle your answer to each question as honestly as possible.

**Since your last visit, indicate how often the following items apply to you. "Medication" refers to Suboxone, Subutex, or Methadone.**

| | | | | | | |
|---|---|---|---|---|---|---|
| **1.** | Have you taken your medication other than the way it was prescribed? | Never | Seldom | Sometimes | Often | Very Often |
| **2.** | Have your medications been lost or stolen? | Never | Seldom | Sometimes | Often | Very Often |
| **3.** | Have others expressed concern over your use of medication? | Never | Seldom | Sometimes | Often | Very Often |
| **4.** | Have you felt cravings for your medications? | Never | Seldom | Sometimes | Often | Very Often |
| **5.** | Have you felt cravings for your drugs of addiction? | Never | Seldom | Sometimes | Often | Very Often |
| **6.** | Have you used illegal drugs? (oxycodone, cocaine, meth, heroin, etc.) | Never | Seldom | Sometimes | Often | Very Often |
| **7.** | Have you gotten prescription narcotic medication from another doctor, clinic, friends, or street sources? | Never | Seldom | Sometimes | Often | Very Often |
| **8.** | Have you shared, traded or sold your medication? | Never | Seldom | Sometimes | Often | Very Often |
| **9.** | Have you been attending NA, AA or counseling for drug addiction? | Never | Seldom | Sometimes | Often | Very Often |

**If you are not taking your medication for pain, then skip to the bottom of this form and sign and date the form.**

**Pain Level Assessment Key: (Please answer for the last 7 days)**

**0 = None 2 = Minor 4 = Tolerable 6 = Moderate 8 = Unbearable 10 = Extreme**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Your WORST pain level? | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Your LOWEST pain level? | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Your AVERAGE pain level? | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| How much has your pain interfered with your level of activity within the last week? | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| For the last 7 days, what percentage of relief has your medication provided? | **0%** | **10%** | **20%** | **30%** | **40%** | **50%** | **60%** | **70%** | **80%** | **90%** | **100%** |

Signature:_____ **Date:** _____ Witness:_____**Date**_____