TREATMENT NEEDS QUESTIONNAIRE

Ask patient each question, circle answer for each		Yes	No
Have you ever used a drug intravenously?		2	
If you have ever been on medication-assisted treatment (e.g. methadone, buprenorphine) before, were you successful? (If never in treatment before, leave answer blank)		0	
Do you have a chronic pain issue that needs treatment?		2	
Do you have any significant medical problems (e.g. hepatitis, HIV, diabetes)?		1	
Do you ever use cocaine, even occasionally?		2	
Do you ever use benzodiazepines, even occasionally?		2	
Do you have a problem with alc or have you ever gotten a DWI/	ohol, have you ever been told that you have a problem with alcohol DUI?	2	
Do you have any psychiatric problems (e.g. major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline, or sociopathy)?		1	
Are you currently going to any counseling, AA or NA?		0	
Are you motivated for treatment?		0	
Do you have a partner that uses drugs or alcohol?		1	
Do you have 2 or more close friends or family members who do not use alcohol or drugs?		0	
Is your housing stable?		0	
Do you have access to reliable transportation?		0	
Do you have a reliable phone number?		0	
Did you receive a high school diploma or equivalent (e.g. did you complete > 12 years of education)?		0	
Are you employed?		0	
Do you have any legal issues (e.g. charges pending, probation/parole, etc)?		1	
Are you currently on probation?		1	
Have you ever been charged (not necessarily convicted) with drug dealing?		1	

Totals

+

Total possible points is 26

Scores 0-5 excellent candidate for office based treatment

Scores 6-10 good candidate for office based treatment with tightly structured program and on site counseling Scores 11-15 candidate for office based treatment by board certified addiction physician in a tightly structured program or HUB induction with follow up by office based provider or continued HUB status Scores above 16 candidate for HUB (Opioid Treatment Program-OTP) only

