

1. Have you ever taken any of the following drugs?
- |                            |                           |                          |
|----------------------------|---------------------------|--------------------------|
| a. Heroin                  | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Methadone               | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Buprenorphine           | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Morphine                | <input type="radio"/> Yes | <input type="radio"/> No |
| e. MS Contin               | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Oxycontin               | <input type="radio"/> Yes | <input type="radio"/> No |
| g. Oxycodone               | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Other opioid analgesics | <input type="radio"/> Yes | <input type="radio"/> No |
- (e.g., Vicodin, Darvocet, etc.)

*If any drug in question 1 is coded "yes", proceed to question 2 to 8.*

*If all drugs in question 1 are "no", skip to end and code "no" for opioid dependent.*

2. Did you ever need to use more opioids to get the same high as when you first started using opioids?  Yes  No
3. Did the idea of missing a fix (or dose) ever make you anxious or worried?  Yes  No
4. In the morning, did you ever use opioids to keep from feeling "dope sick" or did you ever feel "dope sick"?  Yes  No
5. Did you worry about your use of opioids?  Yes  No
6. Did you find it difficult to stop or not use opioids?  Yes  No
7. Did you ever need to spend a lot of time/energy on finding opioids or recovering from feeling high?  Yes  No
8. Did you ever miss important things like doctor's appointments, family/friend activities, or other things because of opioids?  Yes  No

Scoring Instructions: Add number of "yes" responses for question 2 to 8. If total is > 3, code "yes" for opioid dependent. If total is < 2, code "no" for opioid dependent.

**Opioid Dependent:**  Yes  No