

PLEASE ANSWER EACH QUESTION BY CHECKING THE CORRECT BOX OR WRITING IN THE ANSWER.

1. Today's Date: Month Day Year 20

2. Before coming to this program, when were you last in a methadone treatment program? (Check only one):

- More than 1 month ago Less than 1 month ago Never

3. Your gender? Male Female

Zip code of your current address?

4. Your age?

ZIP Code:

5. What best describes your race? (Check only one):

- White African-American Asian/Pacific Islander
 Latino/a Native American Other race

6. What is your major source of income? (Check only one):

- Employed (including off-the-books jobs) Friends/Family
 Public Assistance (examples: worker's comp, SSI, SSD, etc.) Other

7. Which of the following drugs have you used to get high: Ever used? Age first used? Used in past month?

DRUGS USED TO GET HIGH	Ever Used to get High?		Age First Used?	Used in Past Month to get High?	
	Yes	No		Yes	No
Buprenorphine (examples: Suboxone [®] , Subutex [®])	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl: Patch	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl: Lozenge (percopop; lollipop)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl: Solution	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vicodin [®] or other hydrocodone drugs such as Lorcet [®] , Lortab [®] , Norco [®]	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Dilaudid [®] (hydromorphone)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Methadone: Diskette/wafer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Methadone: Pills	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Methadone: Liquids	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone: OxyContin [®] Tablets	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone: Extended Release; Generic "OxyContin"	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone: Percocet [®] , Percodan [®] , Tylox [®] , Roxicodone [®] or other oxycodone	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Morphine (any form)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Morphine: Extended Release such as MSContin [®] , Kadian [®] , Avinza [®]	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

8. Check the one drug that you used the most to get high with before coming to this methadone program (your "Primary" Drug). (Check only one)

- Buprenorphine Vicodin[®] (or other hydrocodone drugs) Morphine Other Oxycodone (Percocet[®], etc.)
 Fentanyl Dilaudid[®] OxyContin[®] Tablets Other opioid drug
 Heroin Methadone Generic OxyContin

8a. Have you ever injected your primary drug? Yes No

9. In the past month, where did you get your primary drug? (Check all that apply)

	Yes	No
A dealer	<input type="checkbox"/>	<input type="checkbox"/>
Forged prescription	<input type="checkbox"/>	<input type="checkbox"/>
Stole it	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed by a doctor	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
A friend or relative	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>
Any other way	<input type="checkbox"/>	<input type="checkbox"/>
(IF YES, Where? (_____))		

10. Which word below best describes your urge to use your primary drug in the past week?

- None Very mild Moderate Strong Very Strong

11. Which word below best describes your drug withdrawal pain in the past week?

- None Very mild Moderate Severe Very Severe

12. Other than drug withdrawal pain, what word best describes how much bodily pain you have felt in the past week?

- None Very mild Moderate Severe Very Severe

13. Other than drug withdrawal pain, is bodily pain a reason for enrolling in methadone treatment? Yes No

14. Other than drug withdrawal pain, for how long have you had any bodily pain? (Check one)

- I have no pain 1 to 3 months 6 to 12 months
 Less than 1 month 4 to 6 months More than 1 year

END OF SURVEY; PLEASE MAKE SURE THAT YOU HAVE ANSWERED EVERY QUESTION. THANK YOU [Ver05k]