

TREATMENT NEEDS QUESTIONNAIRE

Patient Name/ID: _____ Date: _____ Staff Name/ID: _____

Ask patient each question, circle answer for each	Yes	No
Have you ever used a drug intravenously?	2	0
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	2
Do you have a chronic pain issue that needs treatment?	2	0
Do you have any significant medical problems (e.g. hepatitis, HIV, diabetes)?	1	0
Do you ever use cocaine, even occasionally?	2	0
Do you ever use benzodiazepines, even occasionally?	2	0
Do you have a problem with alcohol, have you ever been told that you have a problem with alcohol or have you ever gotten a DWI/DUI?	2	0
Do you have any psychiatric problems (e.g. major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline, or sociopathy)?	1	0
Are you currently going to any counseling, AA or NA?	0	1
Are you motivated for treatment?	0	1
Do you have a partner that uses drugs or alcohol?	1	0
Do you have 2 or more close friends or family members who do not use alcohol or drugs?	0	1
Is your housing stable?	0	1
Do you have access to reliable transportation?	0	1
Do you have a reliable phone number?	0	1
Did you receive a high school diploma or equivalent (e.g. did you complete > 12 years of education)?	0	1
Are you employed?	0	1
Do you have any legal issues (e.g. charges pending, probation/parole, etc)?	1	0
Are you currently on probation?	1	0
Have you ever been charged (not necessarily convicted) with drug dealing?	1	0

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

FIGURE 2.
 Treatment Needs Questionnaire (for online/digital appendix). ©2015 JR Brooklyn & SC Sigmon, Licensed under CC BY-NC-ND 4.0 version 1/21/16.