

BTP Assessment Tools

CAGE-AID

5 POINT PRESCRIPTION OPIATE ABUSE CHECKLIST

DAST

DIRE

ORT

PMQ

POSIT

SISAP

SOAPP-24

CAGE-AID QUESTIONNAIRE

1. Have you ever felt you should CT down on your drinking or drug use (excluding prescribed medication, drugs given to you by your doctor)?
 Yes
 No
2. Have you ever felt ANNOYED (ie, irritated/aggravated) by a friend, significant other, or an individual in your family criticizing your drinking or drug use (eg, anyone telling you to cut down or stop drinking and/or using drugs, or anyone telling you that you might have a problem with drinking and/or drug use)?
 Yes
 No
3. Have you ever felt bad or GUILTY about how much you drink and/or use drugs?
 Yes
 No
4. Have you ever had a drink or used drugs first thing in the morning (EYE-OPENER) to get rid of a hangover or to get the day started?
 Yes
 No

NOTES

- One positive response to any of the above questions would suggest caution when prescribing an opioid
- Two or more positive responses strongly suggests a more detailed assessment using a specific aberrant behavior predicting tool
- This screening tool may be less sensitive in predicting for alcohol and drug abuse potential in women, elderly, college students, and certain ethnic groups

FIVE-POINT PRESCRIPTION OPIATE ABUSE CHECKLIST

1. During pain clinic visits, the patient displays an overwhelming focus that persists beyond the third clinic treatment session, on opiate issues to such an extent that this focus occupies a significant portion of the visit, impeding progress with other issues regarding the patient's pain.
2. The patient has a clear pattern of ≥ 3 early refills or has an escalating drug use in the absence of any acute changes in his/her medical condition.
3. The patient generates multiple visits or telephone calls to the pain clinic's administrative office to request more opiates, early refills, or discuss problems associated with his/her opiate prescription. A patient may qualify with fewer visits if he/she causes a disturbance with the pain clinic's staff.
4. The patient has a pattern of prescription problems for a variety of reasons including lost, spilled or stolen medications.
5. The patient has supplemental sources of opiates obtained from multiple providers, emergency rooms (ER), or illegal drug sources.

NOTES

- Three or more positives are suggestive of opiate abusers

Adapted from Chabal C, Erjavec MK, et al. Prescription opiate abuse in chronic pain patients: clinical criteria, incidence, and predictors. *Clin J Pain.* 1997;13(2):150-155.

DAST QUESTIONNAIRE

1. Have you used drugs other than those required for medical reasons?
 Yes
 No
2. Have you abused prescription drugs?
 Yes
 No
3. Do you abuse more than one drug at a time?
 Yes
 No
4. Do you use other drugs, meaning, do you use drugs other than those required for medical reasons?
 Yes
 No
5. Is it difficult for you to stop using drugs when you want to?
 Yes
 No
6. Do you abuse drugs on a continuous basis?
 Yes
 No
7. Do you try to limit your drug use to certain situations?
 Yes
 No
8. Have you had "blackouts" or "flashbacks" as a result of drug use?
 Yes
 No
9. Do you ever feel bad about your drug abuse?
 Yes
 No
10. Does your spouse (or parents) ever complain about your involvement with drugs?
 Yes
 No
11. Do your friends or relatives know or suspect you abuse drugs?
 Yes
 No

12. Has drug abuse ever created problems between you and your spouse?

- Yes
- No

13. Has any family member ever sought help for problems related to drug use?

- Yes
- No

14. Have you ever lost friends because of your use of drugs?

- Yes
- No

15. Have you ever neglected your family or missed work because of your use of drugs?

- Yes
- No

16. Have you ever been in trouble at work because of drug abuse?

- Yes
- No

17. Have you ever lost a job because of drug abuse?

- Yes
- No

18. Have you gotten into fights when under the influence of drugs?

- Yes
- No

19. Have you ever been arrested because of unusual behavior while under the influence of drugs?

- Yes
- No

20. Have you ever been arrested for driving while under the influence of drugs?

- Yes
- No

21. Have you engaged in illegal activities in order to obtain drugs?

- Yes
- No

22. Have you been arrested for possession of dangerous drugs?

- Yes
- No

23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?
- Yes
 No
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?
- Yes
 No
25. Have you ever gone to anyone for help for a drug problem?
- Yes
 No
26. Have you ever been in a hospital for medical problems related to drug use?
- Yes
 No
27. Have you ever been involved in a treatment program specifically related to drug care?
- Yes
 No
28. Have you been treated as an outpatient for problems related to drug use?
- Yes
 No

NOTES

- The DAST is a unidimensional scale yielding one total score of the factor analysis of the 28 items.
- The score is the summation of all the 28 items, hence it ranges from 0 to 28
- Higher scores are indicative of increased drug problems
 - A DAST Score of >6 indicates abuse or dependency problems
 - A DAST Score of ≥ 16 indicates a severe abuse or dependency status
- DAST can discriminate drug-related vs. alcohol-related problems
- DAST is sensitive to drug use problems but not problems relating to alcohol abuse.

DIRE Score: Patient Selection for Chronic Opioid Analgesia

For each factor, rate the patient's score from 1-3 based on the explanations in the right-hand column

SCORE	FACTOR	EXPLANATION
	DIAGNOSIS	<p>1 = Benign chronic condition with minimal objective findings or no definite medical diagnosis. Examples: fibromyalgia, migraine headaches, non-specific back pain.</p> <p>2 = Slowly progressive condition concordant with moderate pain, or fixed condition with moderate objective findings. Examples: failed back surgery syndrome, back pain with moderate degenerative changes, neuropathic pain.</p> <p>3 = Advanced condition concordant with severe pain with objective findings. Examples: severe ischemic vascular disease, advanced neuropathy, severe spinal stenosis.</p>
	INTRACTABILITY	<p>1 = Few therapies have been tried and the patient takes a passive role in his/her pain management process.</p> <p>2 = Most customary treatments have been tried but the patient is not fully engaged in the pain management process, or barriers prevent (insurance, transportation, medical illness).</p> <p>3 = Patient fully engaged in a spectrum of appropriate treatments but with inadequate response.</p>
	RISK	(R = Total of P+C+R+S below)
	Psychological	<p>1 = Serious personality dysfunction or mental illness interfering with care. Example: personality disorder, severe affective disorder, significant personality issues.</p> <p>2 = Personality or mental health interferes moderately. Example: depression or anxiety disorder.</p> <p>3 = Good communication with clinic. No significant personality dysfunction or mental illness.</p>
	Chemical Health	<p>1 = Active or very recent use of illicit drugs, excessive alcohol, or prescription drug abuse.</p> <p>2 = Chemical copper (uses medications to cope with stress) or history of chemical dependence (CD) in remission.</p> <p>3 = No CD history. Not drug-focused or chemically reliant.</p>
	Reliability	<p>1 = History of numerous problems: medication misuse, missed appointments, rarely follows through.</p> <p>2 = Occasional difficulties with compliance, but generally reliable.</p> <p>3 = Highly reliable patient with meds, appointments & treatment.</p>
	Social Support	<p>1 = Life in chaos. Little family support and few close relationships. Loss of most normal life roles.</p> <p>2 = Reduction in some relationships and life roles.</p> <p>3 = Supportive family/close relationships. Involved in work or school and no social isolation.</p>
	EFFICACY SCORE	<p>1 = Poor function or minimal pain relief despite moderate to high doses.</p> <p>2 = Moderate benefit with function improved in a number of ways (or insufficient info – hasn't tried opioid yet or very low doses or too short of a trial).</p> <p>3 = Good improvement in pain and function and quality of life with stable doses over time.</p>

Total score = D + I + R + E

Score 7-13: Not a suitable candidate for long-term opioid analgesia

Score 14-21: May be a good candidate for long-term opioid analgesia

NOTES

A DIRE Score of ≤ 13 indicates that the patient may not be suited to long-term opioid pain management.

Used with permission by Miles J. Belgrade, MD

THE OPIOID RISK TOOL (ORT)

Factor		Score	
		Female	Male
1. Family History of Substance Abuse	Alcohol	[1]	[3]
	Illegal Drugs	[2]	[3]
	Prescription Drugs	[4]	[4]
2. Personal History of Substance Abuse	Alcohol	[3]	[3]
	Illicit Drugs	[4]	[4]
	Prescription Drugs	[5]	[5]
3. Age (If between 16 to 45)		[1]	[1]
4. History of Preadolescent Sexual Abuse		[3]	[0]
5. Psychological Disease	ADD, OCD, Bipolar, Schizophrenia	[2]	[2]
	Depression	[1]	[1]
TOTAL Score			
Low Score = 0 to 3			
Moderate Score = 4 to 7			
High Score = ≥ 8			

NOTES

- A score of <3 indicates low risk
- A moderate risk score is 4 to 7
- High risk scores are ≥ 8
- The main drawback of the ORT is its susceptibility to deception.

Pain Medication Questionnaire (PMQ)

Background

1. Survey of 26 self-assessment questionnaire to be completed by patient to assess the risk of opioid medication misuse among chronic pain patients
2. Answers scored on a Likert 5-point scale of 0 (disagree) to 4 (agree), some questions have reverse numeration
3. Further research may be needed to fortify the replicability and validity of the PMQ as a broad-use tool
4. The PMQ can be time consuming to complete

Questions consist of 26 groups of statements. Patients are directed to select the description which best matches their experiences, thoughts, and needs related to their pain medication. Topics include:

- Adjuvant Therapies
- Alcohol
- Anxiety, Depression and Sleep
- Borrowing Medication
- Concentration
- Concomitant Illnesses
- Dependence on Medication
- Discussing Pain with Doctor
- Early Refills
- Education on Medication
- Emergency Room
- GI Effects
- Increased Dosage
- Lost Medication
- Medication Preferences
- Multiple Doctors
- New Treatment Plan
- Obtaining Medication
- Quantity Medication
- Saving Medication
- Self-Medicating

Interpretation

- Higher PMQ scores in the higher third (70 to 104) are associated with history of substance abuse, higher levels of psychosocial distress, and poorer functioning (HPMQ)
- Patients falling in the lower third of scores (0 to 34) constituted the low risk group and are at lower potential for opioid misuse (LPMQ)

Resources: PMQ

1. General
 - a. Intended for use by licensed healthcare professionals only
 - b. Published by Elsevier
2. Available for purchase from:
 - a. <http://www.us.elsevierhealth.com>

Reference

1. Adams LL, Gatchel RJ, Robinson RC, Polatin P, Gajraj N, Deschner M, Noe C. Development of a self-report screening instrument for assessing potential opioid medication misuse in chronic pain patients. *J Pain Symptom Manage*. 2004; 27:440-459.

**Problem Oriented Screening Instrument for Teenagers
(POSIT)**

1. Do you have so much energy you don't know what to do with it? Yes No
2. Do you brag? Yes No
3. Do you get into trouble because you use drugs or alcohol at school? Yes No
4. Do your friends get bored at parties when there is no alcohol served? Yes No
5. Is it hard for you to ask for help from others? Yes No
6. Has there been adult supervision at the parties you have gone to recently? Yes No
7. Do your parents or guardians argue a lot? Yes No
8. Do you usually think about how your actions will affect others? Yes No
9. Have you recently either lost or gained more than 10 pounds? Yes No
10. Have you ever been intimate with someone who shot up drugs? Yes No
11. Do you often feel tired? Yes No
12. Have you had trouble with stomach pain or nausea? Yes No
13. Do you get easily frightened? Yes No
14. Have any of your best friends dated regularly during the past year? Yes No
15. Have you dated regularly in the past year? Yes No
16. Do you have a skill, craft, trade, or work experience? Yes No
17. Are most of your friends older than you are? Yes No
18. Do you have less energy than you think you should? Yes No
19. Do you get frustrated easily? Yes No
20. Do you threaten to hurt people? Yes No
21. Do you feel alone most of the time? Yes No

22. Do you sleep either too much or too little? Yes No
23. Do you swear or use dirty language? Yes No
24. Are you a good listener? Yes No
25. Do your parents or guardians approve of your friends? Yes No
26. Have you lied to anyone in the past week? Yes No
27. Do your parents or guardians refuse to talk with you when they are mad at you? Yes No
28. Do you rush into things without thinking about what could happen? Yes No
29. Did you have a paying job last summer? Yes No
30. Is your free time spent just hanging out with friends? Yes No
31. Have you accidentally hurt yourself or someone else while high on alcohol or drugs?
 Yes No
32. Have you had any accidents or injuries that still bother you? Yes No
33. Are you a good speller? Yes No
34. Do you have friends who damage or destroy things on purpose? Yes No
35. Have the whites of your eyes ever turned yellow? Yes No
36. Do your parents or guardians usually know where you are and what you are doing?
 Yes No
37. Do you miss out on activities because you spend too much money on drugs or alcohol?
 Yes No
38. Do people pick on you because of the way you look? Yes No
39. Do you know how to get a job if you want one? Yes No
40. Do your parents or guardians and you do lots of things together? Yes No
41. Do you get A's and B's in some classes and fail others? Yes No
42. Do you feel nervous most of the time? Yes No

43. Have you stolen things? Yes No
44. Have you ever been told you are hyperactive? Yes No
45. Do you ever feel you are addicted to alcohol or drugs? Yes No
46. Are you a good reader? Yes No
47. Do you have a hobby you are really interested in? Yes No
48. Do you plan to get a diploma (or already have one)? Yes No
49. Have you been frequently absent or late for work? Yes No
50. Do you feel people are against you? Yes No
51. Do you participate in team sports which have regular practices? Yes No
52. Have you ever read a book cover to cover for your own enjoyment? Yes No
53. Do you have chores that you must regularly do at home? Yes No
54. Do your friends bring drugs to parties? Yes No
55. Do you get into fights a lot? Yes No
56. Do you have a hot temper? Yes No
57. Do your parents or guardians pay attention when you talk to them? Yes No
58. Have you started using more and more drugs or alcohol to get the effect you want?
 Yes No
59. Do your parents or guardians have rules about what you can and cannot do? Yes No
60. Do people tell you that you are careless? Yes No
61. Are you stubborn? Yes No
62. Do any of your best friends go out on school nights without permission from their
parents or guardians? Yes No
63. Have you ever had or do you now have a job? Yes No
64. Do you have trouble getting your mind off things? Yes No

65. Have you ever threatened anyone with a weapon? Yes No
66. Do you have a way to get to a job? Yes No
67. Do you ever leave a party because there is no alcohol or drugs? Yes No
68. Do your parents or guardians know what you really think or feel? Yes No
69. Do you often act on the spur of the moment? Yes No
70. Do you usually exercise for a half hour or more at least once a week? Yes No
71. Do you have a constant desire for alcohol or drugs? Yes No
72. Is it easy to learn new things? Yes No
73. Do you have trouble with your breathing or with coughing? Yes No
74. Do people your own age like and respect you? Yes No
75. Does your mind wander a lot? Yes No
76. Do you hear things no one else around you hears? Yes No
77. Do you have trouble concentrating? Yes No
78. Do you have a valid driver's license? Yes No
79. Have you ever had a paying job that lasted at least one month? Yes No
80. Do you and your parents or guardians have frequent arguments which involve yelling and screaming? Yes No
81. Have you had a car accident while high on alcohol or drugs? Yes No
82. Do you forget things you did while drinking or using drugs? Yes No
83. During the past month have you driven a car while you were drunk or high? Yes No
84. Are you louder than other kids? Yes No
85. Are most of your friends younger than you are? Yes No
86. Have you ever intentionally damaged someone else's property? Yes No

87. Have you ever stopped working at a job because you just didn't care? Yes No
88. Do your parents or guardians like talking with you and being with you? Yes No
89. Have you ever spent the night away from home when your parents didn't know where you were? Yes No
90. Have any of your best friends participated in team sports which require regular practices? Yes No
91. Are you suspicious of other people? Yes No
92. Are you already too busy with school and other adult supervised activities to be interested in a job? Yes No
93. Have you cut school at least 5 days in the past year? Yes No
94. Are you usually pleased with how well you do in activities with your friends? Yes No
95. Does alcohol or drug use cause your moods to change quickly, like from happy to sad or vice versa? Yes No
96. Do you feel sad most of the time? Yes No
97. Do you miss school or arrive late for school because of your alcohol or drug use? Yes No
98. Is it important to you now to get or keep a satisfactory job? Yes No
99. Do your family or friends ever tell you that you should cut down on your drinking or drug use? Yes No
100. Do you have serious arguments with friends or family members because of your drinking or drug use? Yes No
101. Do you tease others a lot? Yes No
102. Do you have trouble sleeping? Yes No
103. Do you have trouble with written work? Yes No
104. Does your alcohol or drug use ever make you do something you would not normally do like breaking rules, missing curfew, or breaking the law? Yes No
105. Do you feel you lose control and get into fights? Yes No

106. Have you ever been fired from a job? Yes No
107. During the past month, have you skipped school? Yes No
108. Do you have trouble getting along with any of your friends because of your alcohol or drug use? Yes No
109. Do you have a hard time following directions? Yes No
110. Are you good at talking your way out of trouble? Yes No
111. Do you have friends who have hit or threatened to hit someone without any real reason? Yes No
112. Do you ever feel you can't control your alcohol or drug use? Yes No
113. Do you have a good memory? Yes No
114. Do your parents or guardians have a pretty good idea of your interests? Yes No
115. Do your parents or guardians usually agree about how to handle you? Yes No
116. Do you have a hard time planning and organizing? Yes No
117. Do you have trouble with math? Yes No
118. Do your friends cut school a lot? Yes No
119. Do you worry a lot? Yes No
120. Do you find it difficult to complete class projects or work tasks? Yes No
121. Does school sometimes make you feel stupid? Yes No
122. Are you able to make friends easily in a new group? Yes No
123. Do you often feel like you want to cry? Yes No
124. Are you afraid to be around people? Yes No
125. Do you have friends who have stolen things? Yes No
126. Do you want to be a member of any organized group, team, or club? Yes No
127. Does one of your parents or guardians have a steady job? Yes No

128. Do you think it's a bad idea to trust other people? Yes No
129. Do you enjoy doing things with people your own age? Yes No
130. Do you feel you study longer than your classmates and still get poorer grades? Yes No
131. Have you ever failed a grade in school? Yes No
132. Do you go out for fun on school nights without your parents' permission? Yes No
133. Is school hard for you? Yes No
134. Do you have an idea about the type of job or career that you want to have? Yes No
135. On a typical day, do you watch more than two hours of TV? Yes No
136. Are you restless and can't sit still? Yes No
137. Do you have trouble finding the right words to express what you are thinking? Yes No
138. Do you scream a lot? Yes No
139. Have you ever had sexual intercourse without using a condom? Yes No

NOTES

- The POSIT, is a 139 self-report screening tool, using a yes/no response format
- It is designed to identify problems requiring an in-depth assessment and potential need for treatment in 10 functional areas including substance use or abuse, mental and physical health, family and peer relations, vocation, and special education
- The target population are adolescents aged 12 to 19 years of age
- Two scoring systems are available:
 - The Adolescent Assessment-Referral System (AARS) – includes “red flag” items and indicates either a high or low risk for each of the 10 areas
 - The National Institute on Drug Abuse (NIDA) – does not include “red flag” items and includes two empirically based cutoff scores that indicate low, medium or high risk for each of the 10 areas. The total score in each of the 10 areas determines the level of risk for that area
- Scoring is simple, taking two minutes using the POSIT scoring template
- If the adolescent responds positively to even one question, they are considered at moderate risk for having a significant substance abuse problem and should be referred for further evaluation
- The POSIT can be used to collect baseline data and the POSIT-Follow up Questionnaire can be used as a change measure

ACKNOWLEDGMENT

Developed by Elizabeth Rahdert, PhD of *the National Institute on Drug Abuse National Institutes of Health*

SCREENING INSTRUMENT FOR SUBSTANCE ABUSE POTENTIAL (SISAP) QUESTIONNAIRE

1. If you drink, how many drinks do you have on a typical day?

If less than 5 for men/less than 4 for women, then ask question 2.

If 5 or more for men/4 or more for women, then you may stop here *Use caution when prescribing opioids.*

2. How many drinks do you have in a typical week?

If less than 17 for men/less than 13 for women, then ask question 3.

If 17 or more for men/13 or more for women, then you may stop here *Use caution when prescribing opioids.*

3. Have you used marijuana or hashish in the last year?

If no, then ask question 4.

If yes, then you may stop here *Use caution when prescribing opioids.*

4. Have you ever smoked cigarettes?

If no, then you may stop here *Probably a low opioid abuse risk.*

If yes, then ask question 5.

5. What is your age?

If under 40 years of age, then you may stop here *Use caution when prescribing opioids.*

If 40 years of age or older, then you may stop here *Probably a low opioid abuse risk.*

NOTES

- Use caution when prescribing opioids to these patients:
 - a. Men who drink more than 4 alcoholic beverages per day or 16 per week
 - b. Women who drink more than 3 alcoholic beverages per day or 12 per week
 - c. Persons who admit to recreational use of marijuana or hashish in the previous year
 - d. Persons who are younger than 40 years of age and smoke

Screener and Opioid Assessment for Patients in Pain (SOAPP)

Background

1. The Screener and Opioid Assessment for Patients in Pain (SOAPP) is a 24-item, self-report measure (only 14 are used to score the tool) designed to assess the appropriateness of long-term opioid therapy for chronic pain patients
2. Scoring is based on a Likert 5-point scale from 0 (never) to 4 (very often)
3. The SOAPP cut-off score is 7
4. It has undergone a number of iterations, with the following versions now available – SOAPP-24, SOAPP-14 AND SOAPP-5
5. The SOAPP probably has the best psychometric measures to predict aberrant drug-taking behavior prior to the initiation of opioid therapy

Question Topics:

- AA or NA
- Argumentative
- Bad Temper
- Bored
- Borrowing Medication
- Concerned about Judgments
- Consumed by Medication
- Cravings for Medication
- Drug or Alcohol Problems
- Drug or Alcohol Treatment
- Feeling Overwhelmed
- Friends with Abuse Problems
- Getting What You Deserve
- Impatience
- Legal Problems
- Medication
- Mood Swings
- Others Expressing Concern
- Pain Pill Count
- Running Out of Medication
- Self-Medication
- Sexual Abuse
- Tension
- Worry

Interpretation

1. A score of 7 or above indicates an increased risk of abuse, and the patient may require additional precautions and/or monitoring if treated with long-term opioid therapy

Resources: SOAPP

1. General
 - a. Intended for use by licensed health care professionals only
 - b. Copyrighted by Inflexxion, Inc.
2. Available from:
 - a. Inflexxion at <http://www.painedu.org>

Reference

Akbik H, et al. Validation and clinical application of the Screener and Opioid Assessment for Patients with Pain (SOAPP). *J Pain Symptom Manage*. 2006;32(3):287-293.