Addiction Behaviors Checklist

Background
1. The Addiction Behaviors Checklist (ABC) is a 20-item Yes or No questionnaire administered by the clinician.
2. This brief instrument is designed to track behaviors characteristic of addiction related to prescription opioid medications in chronic pain populations.
3. It was developed by Bruce D. Naliboff, Ph.D. with support from VA Health Services Research and Development.

Questionnaire:
1. Items are focused on observable behaviors noted both during and between clinic visits.
2. This instrument should only be used with patients prescribed opioid or sedative analgesics and should be based on behaviors exhibited "since last visit" (8 questions); "within the current visit" (11 questions) and "other" (1 question).
3. Answers are either Yes, No or NA = not assessed

Question Topics:
- Illicit use
- Hoarding
- Increased usage
- Use more than one provider
- Unresponsive
- Concern
- Worsened relationships
- Specific analgesia requests

Interpretation
1. Allocate 1 point for each yes response. The total ABC score is the sum of 20 item-scores and can range between 0 and 20.
2. The higher the score, the greater likelihood of possible inappropriate opioid use and the need to flag for further examination of specific signs of misuse and more careful patient monitoring (i.e., urine screening, pill counts, removal of opioid).
3. At a cutoff score of 3 positive items, in the initial pilot study, the ABC had a sensitivity of 88% and specificity of 86% for detecting opioid misuse.

Resources: ABC
1. General
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References:

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Addiction Behaviors Checklist (ABC)

Designed to track behaviors characteristic of addiction related to prescription opioid medications in chronic pain patients. Items are focused on observable behaviors noted both during and between visits. ABC is focused on longitudinal assessment and tracking of problematic behaviors.

Addiction Behaviors Checklist

**Instructions:** Code only for patients prescribed opioid or sedative analgesics on behaviors exhibited “since last visit” and “within the current visit” (NA = not assessed)

**Addiction behaviors—since last visit**

1. Patient used illicit drugs or evidences problem drinking*  Y  N  NA
2. Patient has hoarded meds  Y  N  NA
3. Patient used more narcotic than prescribed  Y  N  NA
4. Patient ran out of meds early  Y  N  NA
5. Patient has increased use of narcotics  Y  N  NA
6. Patient used analgesics PRN when prescription is for time contingent use  Y  N  NA
7. Patient received narcotics from more than one provider  Y  N  NA
8. Patient bought meds on the streets  Y  N  NA

**Addiction behaviors—within current visit**

1. Patient appears sedated or confused (e.g., slurred speech, unresponsive)  Y  N  NA
2. Patient expresses worries about addiction  Y  N  NA
3. Patient expressed a strong preference for a specific type of analgesic or a specific route of administration  Y  N  NA
4. Patient expresses concern about future availability of narcotic  Y  N  NA
5. Patient reports worsened relationships with family  Y  N  NA
6. Patient misrepresented analgesic prescription or use  Y  N  NA
7. Patient indicated she or he “needs” or “must have” analgesic meds  Y  N  NA
8. Discussion of analgesic meds was the predominant issue of visit  Y  N  NA
9. Patient exhibited lack of interest in rehab or self-management  Y  N  NA
10. Patient reports minimal/inadequate relief from narcotic analgesic  Y  N  NA
11. Patient indicated difficulty with using medication agreement  Y  N  NA

**Other**

1. Significant others express concern over patient’s use of analgesics  Y  N  NA

*Item 1 original phrasing: ("Patient used ETOH or illicit drugs"), had a low correlation with global clinical judgment. This is possibly associated with difficulty in content interpretation, in that if a patient endorsed highly infrequent alcohol use, he or she would receive a positive rating on this item, but not be considered as using the prescription opioid medications inappropriately. Therefore, we include in this version of the ABC a suggested wording change for this item that specifies problem drinking as the criterion for alcohol use.

**ABC Score:**

Score of ≥3 indicates possible inappropriate opioid use and should flag for further examination of specific signs of misuse and more careful patient monitoring (i.e., urine screening, pill counts, removal of opioid).

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