



COULD **YOU** BE AT RISK FOR OPIOID DEPENDENCE? ANSWER A FEW EASY QUESTIONS TO FIND OUT

**Circle your answer choices for each question and tally your results.
Share the results with your healthcare provider.**

For more information, visit www.HawaiiOpioid.org

- 1.** *Opioid or narcotic prescription pain medications include (but are not limited to): Oxycodone, Oxycontin, Hydrocodone, Vicodin, Norco, Buprenorphine, Fentanyl, Morphine, and Codeine.*
I am currently taking one or more of these pain medications. **Y / N**
- 2.** I have chronic pain or have recently had an accident or injury. **Y / N**
- 3.** I have misused drugs or alcohol in the past. **Y / N**
- 4.** I have been taking prescription pain medication for longer than one week. **Y / N**
- 5.** I have difficulty controlling how much I use or for how long I use prescription pain medication.
Y / N
- 6.** I have made unsuccessful attempts to cut down my use of prescription pain medication. **Y / N**
- 7.** I spend a significant amount of time using or recovering from my use of prescription pain medication. **Y / N**
- 8.** My use of prescription pain medication has had negative consequences on my home life, school, or work. **Y / N**
- 9.** My use of prescription pain medication has had negative consequences on my relationships or social life. **Y / N**
- 10.** I have continued to use despite negative consequences. **Y / N**
- 11.** I have concealed how much I use or people have commented on my use. **Y / N**
- 12.** I have procrastinated or neglected to do things because of my prescription pain medication use. **Y / N**
- 13.** I have experienced strong cravings for prescription pain medication. **Y / N**
- 14.** I need a higher dose of prescription pain medication than before to achieve the same result.
Y / N
- 15.** I have experienced any of the following symptoms after stopping use of prescription pain medication (even after only one day): diarrhea, nausea, vomiting, crying/tears, runny nose, sweating, yawning, chicken skin, anxiety/worrying, trouble sleeping, or fever. **Y / N**
- 16.** My prescription pain medication use caused me to put myself or someone else in a dangerous situation. **Y / N**

Your Score: _____

If you answered yes to 2-3 questions:

Based on your response(s) **you are at low risk for dependence on opioids or narcotic pain medication.** Visit www.hawaiiopioid.org to learn:

- Safer ways to manage your pain to help you keep your risk low
- How to dispose of unused medications properly to keep your friends and family safe
- The signs of dependence and withdrawal symptoms
- How to prevent an overdose

If you answered yes to 4-5 questions:

Based on your response(s) **you may be dependent on opioids or narcotic pain medication.** We encourage you to discuss your results with your doctor or healthcare provider.

Visit www.hawaiiopioid.org to learn:

- The signs of dependence and withdrawal symptoms
- How to prevent an overdose
- Treatment options available
- Safer ways to manage your pain

If you answered yes to 6 or more questions:

Based on your response(s) **it is very likely that you are dependent on opioids or narcotic pain medication.** We encourage you to discuss them with your doctor or healthcare provider.

It is important that you keep Naloxone on-hand to prevent an overdose. If you are experiencing a crisis, call 9-1-1 or the Access Line for Mental Health at 808-831-3100.

Visit www.hawaiiopioid.org to learn:

- Treatment options available
- Safer ways to manage your pain
- How to prevent an overdose

