

Prescription Pain Medication Misuse v1.0 – Short Form 7a

Please respond to each question or statement by marking one box per row.

		Yes	No	
SUDSRXSC01	In the past 3 months, did you have a prescription for pain medication?	<input type="checkbox"/> 2	<input type="checkbox"/> 1	This item is a screening item. If a participant says Yes, s/he should then be administered the short form. If a participant says No, s/he should skip the short form.

		In the past 3 months...				
		Never	Rarely	Sometimes	Often	Almost always
SUDSRX01	I abused prescription pain medication.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSRX02	I ran out of my prescription pain medication early.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSRX03	I got prescription pain medication from someone other than my healthcare provider.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSRX04	I used more of my prescribed pain medication than I was supposed to.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSRX07	I experienced cravings for pain medication.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		In the past 3 months...				
		Not at all	A little bit	Somewhat	Quite a bit	Very much
SUDSRX09	When my prescription for pain medication ran out, I felt anxious.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		In the past 3 months...				
		Never	Rarely	Sometimes	Often	Almost always
SUDSRX11	I used more pain medication before the effects wore off.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5