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Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
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BASELINE: MISUSE, ABUSE AND DIVERSION (MAD) OF PRESCRIPTION (RX) OPIOIDS QUESTIONNAIRE

The following questions ask you about your experience in the past 30 days using strong pain medication that you can only get by prescription.

These types of pain medications are commonly referred to as 'opioids' and include, but are not limited to, drugs such as hydrocodone, morphine, Vicodin®, OxyContin®, Percocet®, methadone.

Please note that these pain medications (opioids) do NOT include over-the-counter pain relievers such as Tylenol, aspirin, naproxen, or ibuprofen (Advil).

Please read each question carefully and answer to the best of your ability, there are no right or wrong answers.

For some questions, it will show that you may give more than 1 answer.

This form will be kept confidential and your answers WILL NOT be shared with your physician or any of the clinic staff at your physician's office, at any time.

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1. In the past 30 days, what opioid medications have you taken that <u>were</u> prescribed to you by your doctor or healthcare professional? (you may choose more than 1 answer)						
	Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®) ☐	**Hydromorphone (Dilaudid®, Exalgo®)** ☐	**Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®)** ☐	**Methadone** ☐	**Tylenol® with codeine** ☐	**Oxymorphone (e.g., Opana®)** ☐
	Morphine (e.g., Avinza®, Kadian®, MS Contin®) ☐	**Fentanyl (e.g., Duragesic®, Fentora®)** ☐	**Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®)** ☐	**Promethazine with codeine (e.g., Phenergan® syrup)** ☐	**Other (please explain):** ____________	

2. ***In the past 30 days,*** **have you taken any other prescription opioids that were <u>NOT</u> prescribed to you by your doctor or healthcare professional?**	**Yes**	**No**
	☐ If yes, go to 2a	☐ If no, go to 3

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

2a. In the past 30 days, what other prescription opioids have you taken that were NOT prescribed to you? (you may choose more than 1 answer)	Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®) ☐	Hydromorphone (Dilaudid®, Exalgo®) ☐	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®) ☐	Methadone ☐	Tylenol® with codeine ☐	Oxymorphone (e.g., Opana®) ☐
	Morphine (e.g., Avinza®, Kadian®, MS Contin®) ☐	Fentanyl (e.g., Duragesic®, Fentora®) ☐	Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®) ☐	Promethazine with codeine (e.g., Phenergan® syrup) ☐	Other (please explain): ____________	

Question	Yes	No
3. In the past year, did you swallow intact (without crushing, chewing, or dissolving) more of your opioid pain medication than what was prescribed?	☐ If yes, go to 3a-d	☐ If no, go to 4
3a. In the past 30 days, did you swallow intact (without crushing, chewing, or dissolving) more of your opioid pain medication than what was prescribed?	☐	☐

3b. In the past 30 days, which opioid medications did you swallow intact (without crushing, chewing, or dissolving) more of your than what was prescribed? (you may choose more than 1 answer)	Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®) ☐	Hydromorphone (Dilaudid®, Exalgo®) ☐	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®) ☐	Methadone ☐	Tylenol® with codeine ☐	Oxymorphone (e.g., Opana®) ☐
	Morphine (e.g., Avinza®, Kadian®, MS Contin®) ☐	Fentanyl (e.g., Duragesic®, Fentora®) ☐	Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®) ☐	Promethazine with codeine (e.g., Phenergan® syrup) ☐	Other (please explain): ____________	

Question	Select one (1-500)
3c. In the past 30 days, how many times did you swallow intact (without crushing, chewing, or dissolving) more of your opioid medication than what was prescribed?	____________

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

3d. In the past 30 days, why did you swallow intact (without crushing or chewing, dissolving) more of than what was prescribed? (you may choose more than 1 answer)	Treat my pain faster ☐	To feel high or stoned ☐	Treat a new pain condition ☐	To feel less depressed or nervous ☐	To sleep better ☐	To feel more talkative or outgoing ☐
	To prevent withdrawal ☐	To relax or feel mellow ☐	Other (please explain): ____			

3e. In the past 30 days, did swallowing intact (without crushing, chewing, or dissolving) more of your opioid medication work as well as you expected it to work?

Did not work = 0										Worked better than expected = 10
○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

	Yes	No
4. In the past year, have you chewed or crushed and then swallowed any opioid medication?	☐ If yes, go to 4a-d	☐ If no, go to 5
4a. In the past 30 days, have you chewed or crushed and then swallowed any opioid medication?	☐	☐

4b. In the past 30 days, which opioid medications have you chewed or crushed and then swallowed ? (you may choose more than 1 answer)	Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®) ☐	Hydromorphone (Dilaudid®, Exalgo®) ☐	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®) ☐	Methadone ☐	Tylenol® with codeine ☐	Oxymorphone (e.g., Opana®) ☐
	Morphine (e.g., Avinza®, Kadian®, MS Contin®) ☐	Fentanyl (e.g., Duragesic®, Fentora®) ☐	Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®) ☐	Promethazine with codeine (e.g., Phenergan® syrup) ☐	Other (please explain): ____	

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

Question	Response
4c. In the past 30 days, how many times did you chew or crush then swallow your opioid medication?	Select one (1-500) ____________

4d. In the past 30 days, why did you chew or crush then swallow your opioid medication? (you may choose more than 1 answer)

Treat my pain faster	To feel high or stoned	Treat a new pain condition	To feel less depressed or nervous	To sleep better	To feel more talkative or outgoing
☐	☐	☐	☐	☐	☐

To prevent withdrawal	To relax or feel mellow	Help me swallow my medication	Other (please explain):
☐	☐	☐	____________

4e. In the past 30 days, did chewing or crushing then swallowing your opioid medication work as well as you expected it to work?

Did not work = 0 — Worked better than expected = 10

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Question	Yes	No
5. In the past year, have you snorted any opioid medications?	☐ If yes, go to 5a-f	☐ If no, go to 6
5a. In the past 30 days, have you snorted any opioid medications?	☐	☐

Question	Crushed and snorted	Dissolved and sprayed into nose	Other (please describe):
5b. In the past 30 days, how have you snorted the opioid medication? (You may choose more than 1 answer)	☐	☐	____________

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

5c. In the past 30 days, which opioid medications did you snort? (you may choose more than 1 answer)

Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®)	Hydromorphone (Dilaudid®, Exalgo®)	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®)	Methadone	Tylenol® with codeine	Oxymorphone (e.g., Opana®)
☐	☐	☐	☐	☐	☐

Morphine (e.g., Avinza®, Kadian®, MS Contin®)	Fentanyl (e.g., Duragesic®, Fentora®)	Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®)	Promethazine with codeine (e.g., Phenergan® syrup)	Other (please explain):
☐	☐	☐	☐	____________

5d. In the past 30 days, how many times did you snort your opioid medication?

Select one (1-500) ____________

5e. In the past 30 days, why did you snort your opioid medication? (you may choose more than 1 answer)

Treat my pain faster	To feel high or stoned	Treat a new pain condition	To feel less depressed or nervous	To sleep better	To feel more talkative or outgoing
☐	☐	☐	☐	☐	☐

To prevent withdrawal	To relax or feel mellow	Other (please explain):
☐	☐	____________

5f. In the past 30 days, did snorting your opioid medication work as well as you expected it to work?

Did not work = 0 — Worked better than expected = 10

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

6. In the past year, have you smoked or inhaled any opioid medications?

Yes	No
☐	☐
If yes, go to 6a-f	If no, go to 7

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Date								Participant Initials			Participant ID #						
DAY		MONTH			YEAR			FIRST	MIDDLE	LAST							
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6a. In the past 30 days, have you smoked or inhaled any opioid medications?	Yes	No
	☐	☐

6b. In the past 30 days, how have you smoked or inhaled your opioid medication? (you may choose more than 1 answer)	Inhaled fumes (e.g., aluminum foil, spoon)	Smoked (e.g., pipe, cigarette, mixed with tobacco/other)	Inhaled vapor (e.g., bong, water pipe)	Other (please describe):
	☐	☐	☐	☐

6c. In the past 30 days, which opioid medications have you smoked or inhaled ? (you may choose more than 1 answer)						
	Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®) ☐	Hydromorphone (Dilaudid®, Exalgo®) ☐	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®) ☐	Methadone ☐	Tylenol® with codeine ☐	Oxymorphone (e.g., Opana®) ☐
	Morphine (e.g., Avinza®, Kadian®, MS Contin®) ☐	Fentanyl (e.g., Duragesic®, Fentora®) ☐	Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®) ☐	Promethazine with codeine (e.g., Phenergan® syrup) ☐	Other (please explain): ________	

6d. In the past 30 days, how many times did you smoke or inhale your opioid medication?	Select one (1-500) ________

6e. In the past 30 days, why did you smoke or inhale your opioid medication? (you may choose more than 1 answer)						
	Treat my pain faster ☐	To feel high or stoned ☐	Treat a new pain condition ☐	To feel less depressed or nervous ☐	To sleep better ☐	To feel more talkative or outgoing ☐
	To prevent withdrawal ☐	To relax or feel mellow ☐	Other (please explain): ________			

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

Question	Response
6f. In the past 30 days, did smoking or inhaling your opioid medication work as well as you expected it to work?	Did not work = 0 … Worked better than expected = 10 ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

Question	Yes	No
7. In the past year, have you injected any opioid medications?	☐ If yes, go to 7a-g	☐ If no, go to 8
7a. In the past 30 days, have you injected any opioid medications?	☐	☐

7b. Since your last visit, how have you injected your opioid medication ? (you may choose more than 1 answer)	Injected into vein	Injected under the skin	Injected into muscle	Other (please describe):
	☐	☐	☐	________

7c. In the past 30 days, what steps did you take to prepare your opioid medication for injection? (you may choose more than 1 answer)	Crushing or grinding	Dissolving in water/other liquid	Filtering (e.g., cotton balls, cigarette filters)	Melting (heating, microwaving)	Boiling in water/other liquid	Extraction in household chemicals (e.g., vinegar, milk)	Other (please describe):
	☐	☐	☐	☐	☐	☐	________

7d. In the past 30 days, which opioid medications did you inject ? (you may choose more than 1 answer)	Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®)	Hydromorphone (Dilaudid®, Exalgo®)	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®)	Methadone	Tylenol® with codeine	Oxymorphone (e.g., Opana®)
	☐	☐	☐	☐	☐	☐
	Morphine (e.g., Avinza®, Kadian®, MS Contin®)	Fentanyl (e.g., Duragesic®, Fentora®)	Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®)	Promethazine with codeine (e.g., Phenergan® syrup)	Other (please explain):	
	☐	☐	☐	☐	________	

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

7e. In the past 30 days, how many times did you inject your opioid medication ?	Select one (1-500) ______

7f. In the past 30 days, why did you inject your opioid medication? (you may choose more than 1 answer)	Treat my pain faster ☐	To feel high or stoned ☐	Treat a new pain condition ☐	To feel less depressed or nervous ☐	To sleep better ☐	To feel more talkative or outgoing ☐
	To prevent withdrawal ☐		To relax or feel mellow ☐		Other (please explain): ______	

7g. In the past 30 days, did injecting your opioid medication work as well as you expected it to work?	Did not work = 0 … Worked better than expected = 10: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

8. In the past year, have you taken opioid medications in any other ways than described earlier (for example, rectal (anus), under the tongue, sucking, dissolving and then swallowing, etc.)?	Yes ☐ If yes, go to 8a-f	No ☐ If no, go to 9
8a. In the past 30 days, have you taken opioid medications in any other ways than described earlier (for example, rectal (anus), under the tongue, sucking, dissolving and then swallowing, etc.)?	Yes ☐	No ☐

8b. In the past 30 days, what other way did you take your opioid medication?	Rectally (anus) ☐	Holding under the tongue ☐	Skin (patch) ☐	Sucking ☐	Dissolving and then swallowing ☐	Other (please describe): ______

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

8c. In the past 30 days, which opioid medications did you take in other ways? (you may choose more than 1 answer)

- ☐ Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®)
- ☐ Hydromorphone (Dilaudid®, Exalgo®)
- ☐ Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®)
- ☐ Methadone
- ☐ Tylenol® with codeine
- ☐ Oxymorphone (e.g., Opana®)
- ☐ Morphine (e.g., Avinza®, Kadian®, MS Contin®)
- ☐ Fentanyl (e.g., Duragesic®, Fentora®)
- ☐ Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®)
- ☐ Promethazine with codeine (e.g., Phenergan® syrup)
- Other (please explain): ____________

8d. In the past 30 days, how many times did you take your opioid medication in other ways?

Select one (1-999) ________

8e. In the past 30 days, why did you take your opioid medication in other ways? (you may choose more than 1 answer)

- ☐ Treat my pain faster
- ☐ To feel high or stoned
- ☐ Treat a new pain condition
- ☐ To feel less depressed or nervous
- ☐ To sleep better
- ☐ To feel more talkative or outgoing
- ☐ To prevent withdrawal
- ☐ To relax or feel mellow
- Other (please explain): ____________

8f. In the past 30 days, did taking your opioid medication in other ways work as well as you expected it to work?

Did not work = 0 | Worked better than expected = 10

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

9. In the past year, did you take your opioid medication with alcohol?

Yes	No
☐	☐
If yes, go to 9a-e	If no, go to 10

9a. In the past 30 days, did you take your opioid medication with alcohol?

Yes	No
☐	☐

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Date								Participant Initials			Participant ID #						
DAY		MONTH			YEAR			FIRST	MIDDLE	LAST							
														–			

9b. During these times, how many drinks did you have on average (1 drink = 1 standard bottle/can of beer, 1 glass of wine, 1 mixed drink, 1 shot of liquor) with your opioid medication?	Select one (1-999) ______

9c. In the past 30 days, which opioid medications did you take with alcohol ? (you may choose more than 1 answer)

Hydrocodone (e.g., Vicodin®, Lorcet®, Lortab®)	Hydromorphone (Dilaudid®, Exalgo®)	Oxycodone (e.g., Percocet®, OxyContin®, Roxicodone®)	Methadone	Tylenol® with codeine	Oxymorphone (e.g., Opana®)
☐	☐	☐	☐	☐	☐
Morphine (e.g., Avinza®, Kadian®, MS Contin®)	**Fentanyl (e.g., Duragesic®, Fentora®)**	**Buprenorphine (e.g., Butrans®, Subutex®, Suboxone®)**	**Promethazine with codeine (e.g., Phenergan® syrup)**	**Other (please explain):**	
☐	☐	☐	☐	______	

9d. In the past 30 days, how many times did you take your opioid medication with alcohol ?	Select one (1-999) ______

9e. In the past 30 days, why did you take your opioid medication with alcohol? (you may choose more than 1 answer)

Treat my pain faster	To feel high or stoned	Treat a new pain condition	To feel less depressed or nervous	To sleep better	To feel more talkative or outgoing
☐	☐	☐	☐	☐	☐
To prevent withdrawal	**To relax or feel mellow**	**Other (please explain):**			
☐	☐	______			

9f. In the past 30 days, did taking your opioid medication with alcohol work as well as you expected it to work?

Did not work = 0 — Worked better than expected = 10

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

10. In the past year, have you visited more than 1 doctor during the same time period to get more of your opioid medication?	Yes	No
	☐ If yes, go to 10a-b	☐ If no, go to 11

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Date							
DAY		MONTH			YEAR		

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

Question	Yes	No
10a. In the past 30 days, have you visited more than 1 doctor during the same time period to get more of your opioid medication?	☐	☐
10b. In the past 30 days, how many times have you visited more than 1 doctor during the same time period to get more of your opioid medication?	**Select one (1-999)** ________	
11. In the past year, have you helped someone else by giving away (for free) some of your opioid medication?	☐ If yes, go to 11a	☐ If no, go to 12
11a. In the past 30 days, have you helped someone else by giving away (for free) some of your opioid medication?	☐	☐
12. In the past year, have you helped someone else by selling or trading some of your opioid medication?	☐ If yes, go to 12a	☐ If no, go to 13
12a. In the past 30 days, have you helped someone else by selling or trading some of your opioid medication?	☐	☐
13. In the past year, did you need to get opioid medication from someone who was NOT a doctor or healthcare professional because you didn't have enough?	☐ If yes, go to 13a	☐ If no, go to 14
13a. In the past 30 days, did you need to get opioid medication from someone who was NOT a doctor or healthcare professional because you didn't have enough?	☐	☐

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Date							
DAY		MONTH		YEAR			

Participant Initials		
FIRST	MIDDLE	LAST

Participant ID #						
			–			

Question	Yes	No
14. In the past year, has anyone taken your opioid medication without asking you?	☐ If yes, go to 14a-c	☐ If no, go to 15
14a. In the past 30 days, has anyone taken your opioid medication without asking you?	☐	☐
15. In the past year, have you used any illicit or prescription drugs for the feeling it caused (e.g., high)?	☐ If yes, go to 15a	☐ If no, survey is complete

15a. Which of the following drugs, if any, have you used in the last 30 days? (You may choose more than 1 answer)

None	Marijuana (pot)	Methamphetamines (speed, meth, chalk, ice, crystal, glass)	LSD (acid)	MDMA (Ecstasy)	Ketamine (special K, vitamin K)	Heroin (smack, junk)	Cocaine/Crack (coke, snow, blow)
☐	☐	☐	☐	☐	☐	☐	☐

Stimulants (e.g., dextroamphetamine (Dexedrine®), methylphenidate (Ritalin® and Concerta®), and amphetamines (Adderall®))	Benzodiazepines (e.g., diazepam (Valium®) and alprazolam (Xanax®))	Rohypnol (roofies)	Phencyclidine (PCP)	Anabolic Steroids (Juice, gym candy, pumpers, stackers)	Other (please specify):
☐	☐	☐	☐	☐	________

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