

New Jersey Department of Human Services
Division of Mental Health & Addiction Services
Appendix 2: Substance Use Questionnaire

(To be used in all cases when the incident is directly related to a consumer's substance use)

- 1) What is the specific substance-related disorder diagnosis (es)? When was the diagnosis made, and by whom?
- 2) Has the consumer been recently discharged from a residential facility for substance use?
 - a. If yes, provide the name of the facility, date of admission and date of discharge.
- 3) What was the consumer's medication (psychiatric and medical meds) adherence?
- 4) How were medications requiring blood levels monitored? What were the results?
- 5) What interventions were listed on the consumer's treatment plan related to substance use issues?
- 6) Was the consumer abstinent from all substances? If not, what interventions were implemented? When was the last urine drug screening test done and the result?
- 7) What was the level of participation by the consumer with regards to the substance use interventions?
- 8) Describe any recent stressors or increase in stressors (i.e. legal issues, loss of job, loss of relationship, major health issue, etc.) and what interventions were implemented?
- 9) Describe any evidence of recent increased substance use within the past 30 days.
- 10) Did the consumer have a relapse prevention plan? If so, was it implemented?
 - a. If not, please explain.
- 11) Describe any communication between this program and the substance use provider.