

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

Please complete in all cases when the consumer has been diagnosed with a substance use disorder, if they are receiving substance use treatment, if they are known to have used/abused substances in the past, if the incident is directly related to substance use, and/or if the mention of substance use is in the narrative of the report.

NOTE: If 2a is completed Appendix 2 does not need to be completed.

Consumer Name: _____ **Incident Date:** _____ **UIRMS #:** _____

- 1) What is the specific substance use related disorder diagnosis? _____
When was the diagnosis made? _____, and by whom? _____
If no diagnosis was made, please note that. _____

- 2) Has the consumer been recently discharged from a residential facility for substance use?
 Yes No. If Yes, please provide: Facility Name: _____
Admission date: _____, and Discharge date: _____.

- 3) What was the consumer's medication (psychiatric and medical - including Medication Assisted Treatment) adherence?

- 4) Were medications requiring blood levels monitored? Yes No Not applicable
If yes, what were the results? Within therapeutic range Abnormal

- 5) What substance use interventions were listed on the consumer's treatment plan?
 Random UDS Coping skills Relapse triggers education Psychotropic medications AA/NA with sponsor
 Medication-assisted Treatment Counseling Other, specify: _____

- 6) Was the consumer abstinent from all substances? Yes No
If not, what interventions were implemented? _____

What was the date of the last urine drug screening test? _____ and what were the results? Negative Positive

- 7) Describe the use of the Prescription Monitoring Program (PMP) upon admission and/or during any other part of the consumer's treatment. Please explain what was done.

- 8) Describe the level of participation by the consumer with regards to the substance use interventions (e.g., compliant with UDS, attends program, participates in group, adherent to medications, continues to use, etc.).

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9) Describe any recent or increase in stressors and what interventions were implemented.

- Family issues - Interventions: _____
- Employment issues - Interventions: _____
- Health issues - Interventions: _____
- Legal issues - Interventions: _____
- Family issues - Interventions: _____
- Housing issues - Interventions: _____
- Loss of relationship - Interventions: _____
- Other, specify _____ - Interventions: _____

10) Describe any evidence of recent increased substance use within the past 30 days.

- No evidence noted Positive UDS Recent relapse Other, specify _____

11) Did the consumer have a relapse prevention plan?

- Yes No. If yes, was it implemented? Yes No. If not, please explain:

12) Describe any communication between this program and other providers (substance use, mental health, primary care, etc.).

