OVERDOSE SCREENING INSTRUMENT

QUESTIONS:

1) What is an Overdose Risk Screening and how can this instrument help individuals?
   - The Overdose Risk Screen is a short list of thirteen (13) questions that provide a perspective on the individual's risk for overdose behaviors.
   - This screening aims to identify risky behavior and assist the person with getting the help they need.

2) How do I use the Screening Instrument?
   - The screening instrument is a self-report process; therefore every effort to frame the honest answering of questions is the first step in forming a foundation. Explaining the screening process is a way to reduce risk of fatal, undetected overdose but not to be punitive about the person's drug use.

3) How reliable is The Screening Instrument?
   - The screening instrument provides a broad indicator of risk. Overdose behavior is unpredictable and drug purity is always changing. The screening questions can aggregate risky behavior into a low, moderate or high category.

INSTRUCTIONS:

1) If the answer to a question is “YES” then count it as ONE POINT.
2) If the answer to a question is “NO” - then is “zero” and has NO POINTS.
3) Mark any notes related to your answer.
4) Add up the total score to establish the level of risk.

For further information, please contact the author of *The Overdose Screening Instrument, Robert L. Neri, LMHC, CAP, at mneri@westcare.com, WestCare Foundation. *Copyright pending.
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1) Have you ever taken more than the prescribed amount of medication to experience relief?
   □ Yes    □ No

2) Have you ever mixed your prescription medications with other illegal drugs or alcohol?
   □ Yes    □ No

3) Have you ever run out of your prescribed medication before your prescription was due to be refilled?
   □ Yes    □ No

4) Do you misuse more than one drug at a time? (For example: mix alcohol or other non-prescription drugs with prescribed medication)
   □ Yes    □ No

5) Have you ever had “blackouts” (periods where you didn’t remember while under the influence) as a result of drug or alcohol use?
   □ Yes    □ No

6) Have you ever experienced withdrawal symptoms (felt sick) when you stopped using drugs?
   □ Yes    □ No

7) Would you describe yourself as having low moods or depression? (For example: feeling “blue”, not motivated or loss of your self-confidence)
   □ Yes    □ No

8) Do you usually tend to use drugs/drink alcohol alone?
   □ Yes    □ No
9) Do you experience that your use is not predictable? 
(For example: Getting drugs from different places, use different amounts, 
use drugs you are not sure what they are?)

☐ Yes  ☐ No

10) Is one of the medications/drugs you use a benzodiazepine 
(Ex: Xanax (alprazolam), Librium, Valium (diazepam), and Ativan (lorazepam))? 

☐ ☐ Yes  ☐ No

11) Have you recently had your medications/drugs interrupted by a stay 
in jail or a hospital? 

☐ ☐ Yes  ☐ No

12) Have you overdosed in the past year? (2 points) 

☐ Yes  ☐ No

13) Have you overdosed two or more times in the past year? (2 points) 

☐ Yes  ☐ No

TOTAL SCORE: ________

SCORING:

• All questions are worth one point with the exception of number 12 and 13, which 
  are worth two points each. Total Possible Points =15.

• Note: Questions 12 and 13 deserve special consideration if either answer is "yes".

• Scores 1-5 may be low / moderate risk and only need education / prevention.

• 5 and above: a referral / intervention should occur if they are currently still using 
prescription drugs.

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