

Social History Questionnaire at Induction

1. How has drug use affected your life?
2. What age did you start using drugs?
3. How frequently do you use opioids?
4. Do you snort or inject or both?
5. Have you experienced an overdose?
6. Have you previously used buprenorphine or methadone?
7. If yes, was it prescribed by a doctor?
8. What other drugs do you use?
9. Do you use any alcohol, tobacco, or benzos?
10. Do you take any medications?
11. Do you have any chronic health conditions?
12. Do you know your HIV/ HCV status?
13. If positive for HCV or HIV, have you been treated or are you in treatment?
14. Do you have a primary care provider?
15. Do you have a mental health care provider?
16. Are you experiencing any legal issues?
17. Where are you currently living?
18. Do you have a photo ID card?