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? _____________________________________________________
   _______ 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.).
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________