



Medication Safety Questionnaire

Patient name or MRN: _____

☐ Patient gave verbal consent for their de-identified information to be shared with NDSU for research purposes.

How does the patient typically store his or her medications?

- ☐ Medication is stored in locked box
- ☐ Medication is stored in safe designated area
- ☐ Medication is stored in unsafe designated area
- ☐ Medication storage not designated

**Provide education about medication storage*

How does the patient typically dispose of unused or expired medications?

- ☐ Not applicable/no meds to dispose of
- ☐ Medication not discarded
- ☐ Medication discarded in trash/flushed
- ☐ Other potentially unsafe method
- ☐ Medication disposal with approved measures:
 - ☐ Pharmacy MedSafe
 - ☐ Local public health unit
 - ☐ Police station
 - ☐ Kitty litter, coffee grounds, or other
 - ☐ Medication disposal product (Deterra, DisposeRx, etc.)
 - ☐ Other: _____

**Provide education about medication disposal*

Does the patient forget to take medications?

- ☐ Never
- ☐ Occasionally
- ☐ Frequently

**Provide education about medication adherence*

Has the patient used someone else's or given their medications to someone else before (diversion)?

- ☐ Patient has diverted a prescription medication at least 1 time
- ☐ Patient has been approached with request to divert their medication at least 1 time
- ☐ Patient has taken a diverted medication at least 1 time
- ☐ No /Not applicable

**Provide education about avoidance of medication diversion*

Does the patient take medication(s) for pain or opioid use disorder?

- ☐ No, not taking medication for pain or opioid use disorder
- ☐ Yes, taking medication for pain
 - ☐ Taking a non-opioid for pain (Celebrex, NSAID, etc.)
 - ☐ Taking an opioid for pain (oxycodone, hydrocodone, morphine, etc.)

Please complete the opioid risk screening questionnaire on the next page for all patients.

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP

YES NO Has the patient taken an opioid medication in the last 60 days?

Examples: fentanyl (Blue 30, others), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine, heroin

Put a check in the box next to those items which apply to the patient.

	Yes	F	M
Family history of substance abuse			
Alcohol		1	3
Illegal drugs		2	3
Prescription medication misuse		4	4
Personal history of substance abuse			
Alcohol		3	3
Illegal drugs		4	4
Prescription medication misuse		5	5
Age between 16 - 45 years		1	1
History of preadolescent sexual abuse		3	0
Psychological disease			
Examples: attention deficit disorder (ADD), obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia		2	2
Depression		1	1

Total Score: _____

Low risk: 0 - 3

Moderate risk: 4 - 7

****High risk: ≥ 8****

Medical history: Circle all those which apply to the patient.

COPD/emphysema

sleep apnea

liver disease

kidney disease

While using this medication is there a chance the patient may consume any of the following?

YES NO Medication used to treat anxiety called a benzodiazepine

Examples: Xanax® (alprazolam), Ativan® (lorazepam), Valium® (diazepam) Klonopin® (clonazepam)

YES NO Medication used to treat nerve pain

Examples: Neurontin® (gabapentin), Lyrica® (pregabalin)

YES NO Medication known as a muscle relaxer

Examples: Flexeril® (cyclobenzaprine), Skelaxin® (metaxalone), Soma® (carisoprodol)

YES NO Medication used to aid in sleep (prescription or over the counter)

YES NO Alcohol

YES NO Are you currently taking other opioid medications?

Examples: fentanyl (Blue 30, others), Oxycontin® (oxycodone), Vicodin® (hydrocodone), morphine, heroin

YES NO Have you previously been or are you currently in treatment for opioid use disorder?

YES NO Have you previously been or are you currently prescribed a medication for opioid use disorder?

Examples: Suboxone, methadone

IF YES: Would you be interested in continuing it if it is available? YES/NO

IF NO: Would you be interested in starting to take a medication for opioid use if it were available and prescribed for you? YES/NO

THE RESULTS OF THIS DOCUMENT MUST BE ENTERED INTO REDCAP



Outcomes Worksheet

Education:		
Yes	No	Education about medication storage was provided
Yes	No	Education about medication disposal was provided
Yes	No	Education about medication adherence was provided
Yes	No	Education about medication diversion was provided to the patient
Interventions:		
Yes	No	ACCIDENTAL OVERDOSE RISK ASSESSMENT Today, the patient was identified as at risk for accidental overdose based on current disease states or current medications
Yes	No	OPIOID MISUSE RISK ASSESSMENT Today, the patient was identified at high risk for future opioid misuse (ORT ≥ 8) <i>If yes, the risk of opioid misuse was discussed with the patient\</i>
Yes	No	Patient was provided a discharge kit <i>Locking medication bag, naloxone, educational brochures, pill organizer, medication disposal device</i>