Fireweed Health Care, Inc.

3500 LaTouche Street, Suite 240A | Anchorage, AK 99504 | Phone (907) 276-4611 | FAX (907) 258-5167

F/U OUD Questionnaire

Name_____ **Date**_____

Allergies

What are you allergic to?	What was your reaction?	Do you require treatment?

Outside Prescriptions

Have you started taking any **new medications** since your last visit? ▢ Yes ▢ No

Have you **stopped taking any medications** since your last visit? ▢ Yes ▢ No

Have **doses of your current medications been changed** since your last visit? ▢ Yes ▢ No

Medication-Assisted Treatment (MAT) Progress

When did you take your last dose of medication? _____ How much is left? _____

Have you received any controlled substances from a provider since your last visit? ▢ Yes ▢ No

Any side effects from your medication? ▢ Yes ▢ No

Any cravings for opioids? ▢ Yes ▢ No

Are you experiencing any withdrawal symptoms? ▢ Yes ▢ No

Have you relapsed on opioids since your last visit? ▢ Yes ▢ No

Will a UA show any unprescribed or illicit substances today? ▢ Yes ▢ No

Have you attended AA/NA or another recovery group meeting since your last visit? ▢ Yes ▢ No

Have you participated in a counseling session since your last visit? ▢ Yes ▢ No

Have you spent time with your support network since your last visit? ▢ Yes ▢ No

Any new medical issues you would like to review with the provider today? ▢ Yes ▢ No

Do you have any new social stressors or psychiatric issues you would like to review with the provider today? ▢ Yes ▢ No

Quality of Sleep: ▢ Good ▢ Fair ▢ Poor Number of hours nightly? _____

Are you diagnosed with sleep apnea? ▢ Yes ▢ No Do you use CPAP/BiPAP? ▢ Yes ▢ No

Nicotine, Caffeine and Alcohol Use

Do you use nicotine? ▢ Yes ▢ No If yes, what form? _____

Average daily amount: _____ Would you like help quitting? ▢ Yes ▢ No

Do you consume any caffeine? ▢ Yes ▢ No

If yes, in what? ▢ Coffee ▢ tea ▢ soda ▢ diet soda ▢ energy drinks ▢ _____

Any alcohol use since your last visit? ▢ Yes ▢ No If yes, what date? _____

Employment, Volunteering or other Participation

I am employed at _____ as a _____ for _____hours/week.

I am unemployed. ▢ Yes ▢ No I have not been employed since: _____

Are you seeking work? ▢ Yes ▢ No

Are you volunteering in the community? ▢ Yes ▢ No If yes, how many hours/week? _____

Are you raising children or grandchildren full-time? ▢ Yes ▢ No

Are you a full-time caregiver for a family member? ▢ Yes ▢ No

Are you retired? ▢ Yes ▢ No If yes, do you have an active hobby? ▢ Yes ▢ No

If you have an active hobby, what is it? _____

Are you attending school, or a trade or vocational program? ▢ Yes ▢ No

If yes, ▢ part-time or ▢ full-time?

Are you receiving disability? ▢ Yes ▢ No If yes, since when? _____

What is your disability based on? _____

If you are NOT currently receiving disability, have you applied for disability? ▢ Yes ▢ No

If you have applied for disability, do you have an attorney? ▢ Yes ▢ No