

Tabitha Hospice Prescription Opioid Misuse Index



TABITHA

Patients to answer questions 1 through 6; circle YES or NO:

1. Do you ever use MORE of your medication, that is, take a higher dosage, than is prescribed for you? YES NO
2. Do you ever use your medication MORE OFTEN, that is, shorten the time between dosages? YES NO
3. Do you ever feel high or get a buzz after using your pain medication? YES NO
4. Do you ever take your pain medication because you are upset, using the medication to relieve or cope with problems other than pain? YES NO
5. Have you ever gone to multiple physicians, including emergency room doctors, seeking more of your pain medication? YES NO
6. Do you ever need early refills for your pain medication? YES NO

If Patient is unable to answer questions 1 through 6, the person responsible for managing medications/caregiver should answer the following:

- A. Do you have any history of substance abuse? YES NO

Patient Signature _____ Date _____

If patient is unable to sign, please document reason _____

Caregiver Signature _____ Date _____