

Rapid Opioid Dependence Screen (RODS)

Inmate ID: _____

Date Administered: _____

Instructions (to be read aloud): When individuals stop using opioids, there may be physical withdrawal symptoms that require medical attention. We want to better understand the need for services for opioid use or withdrawal. To help with this, I am going to ask a few questions about opioid use in the last 12 months. This should take less than 2 minutes to complete. Your answers will only be used to help us determine the need for programs and services and will NOT impact any charges or probation or parole violations.

1a. Have you used heroin in the last 12 months?	<input type="radio"/> Yes	<input type="radio"/> No	
1b. In the last 12 months, have you abused or misused any of the following prescription drugs? (Abuse/misuse means taking without a prescription or taking more than prescribed.)			
◦ Vicodin	<input type="radio"/> Yes	<input type="radio"/> No	
◦ Norco	<input type="radio"/> Yes	<input type="radio"/> No	
◦ Oxycodone/Oxycontin ("Oxy")	<input type="radio"/> Yes	<input type="radio"/> No	
◦ Percocet	<input type="radio"/> Yes	<input type="radio"/> No	
◦ Other opioids such as morphine, Fentanyl, Dilaudid, Lortab, Codeine, or Tramadol	<input type="radio"/> Yes	<input type="radio"/> No	
1c. In the last 12 months, have you used any of the following?			
◦ Buprenorphine? (also known as Suboxone, Subutex, or Zubsolv)	<input type="radio"/> Yes	<input type="radio"/> No	
IF YES, have you abused/misused it?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
◦ Methadone	<input type="radio"/> Yes	<input type="radio"/> No	
IF YES, have you abused/misused it?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA
1d. Are you currently taking any prescribed medication assisted treatment (MAT) to help treat your opioid use disorder? (If yes, which one?)	<input type="radio"/> Yes	<input type="radio"/> No	
◦ Buprenorphine/Suboxone/Subutex/Zubsolv	<input type="radio"/>		
◦ Methadone	<input type="radio"/>		
◦ Naltrexone/Vivitrol	<input type="radio"/>		
If there are any "Yes" responses to 1a, 1b, or 'abuse/misuse' in 1c, please complete the questions below. If 1a, 1b, and 1c abuse/misuse items are all "No", stop the screen here.			

In the last 12 months...			
2. Did you ever need to use more opioids to get the same high as when you first started using opioids?	<input type="radio"/> Yes	<input type="radio"/> No	
3. Did the idea of missing a dose (or fix) ever make you anxious or worried?	<input type="radio"/> Yes	<input type="radio"/> No	
4. In the morning, did you ever use opioids to keep you from feeling "dope sick" or did you ever feel "dope sick"?	<input type="radio"/> Yes	<input type="radio"/> No	
5. Did you worry about your use of opioids?	<input type="radio"/> Yes	<input type="radio"/> No	
6. Did you find it difficult to stop or not use opioids?	<input type="radio"/> Yes	<input type="radio"/> No	
7. Did you ever need to spend a lot of time/energy on finding opioids or recovering from feeling high?	<input type="radio"/> Yes	<input type="radio"/> No	
8. Did you ever miss important things like doctor's appointments, family/friend activities, or other things because of opioids?	<input type="radio"/> Yes	<input type="radio"/> No	