Prescription Pain Medication Misuse v1.0 – Short Form 7a

Please respond to each question or statement by marking one box per row.

		Yes	No	
SUDSRXSC01	In the past 3 months, did you have a prescription for pain medication?	☐ 2	☐ 1	This item is a screening item. If a participant says Yes, s/he should then be administered the CAT. If a participant says No, s/he should skip the CAT.

	In the past 3 months…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
SUDSRX01	I abused prescription pain medication.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSRX02	I ran out of my prescription pain medication early.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSRX03	I got prescription pain medication from someone other than my healthcare provider.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSRX04	I used more of my prescribed pain medication than I was supposed to.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSRX07	I experienced cravings for pain medication.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 3 months…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
SUDSRX09	When my prescription for pain medication ran out, I felt anxious.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 3 months…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
SUDSRX11	I used more pain medication before the effects wore off.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5