Instructions: Code only for patients prescribed opioid or sedative analgesics on behaviors exhibited ‘‘since last visit’’ and ‘‘within the current visit’’ (NA = not assessed)

**Addiction behaviors—since last visit**

1. Patient used illicit drugs or evidences problem drinking

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient has hoarded meds

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient used more narcotic than prescribed

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient ran out of meds early

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient has increased use of narcotics

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient used analgesics PRN when prescription is for time contingent use

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient received narcotics from more than one provider

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient bought meds on the streets

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

**Addiction behaviors—within current visit**

1. Patient appears sedated or confused (e.g., slurred speech, unresponsive)

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient expresses worries about addiction

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient expressed a strong preference for a specific type of analgesic or a specific route of administration

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient expresses concern about future availability of narcotic

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA Not Assessed

1. Patient reports worsened relationships with family

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient misrepresented analgesic prescription or use

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient indicated she or he ‘‘needs’’ or ‘‘must have’’ analgesic meds

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Discussion of analgesic meds was the predominant issue of visit

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient exhibited lack of interest in rehab or self-management

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient reports minimal/inadequate relief from narcotic analgesic

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. Patient indicated difficulty with using medication agreement

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

**Other**

1. Significant others express concern over patient’s use of analgesics

\_\_ 1 Yes

\_\_ 0 No

\_\_ 999 NA

1. **ABC Score: \_\_\_\_\_\_**

Score of ≥3 indicates possible inappropriate opioid use and should flag for further examination of specific signs of misuse and more careful patient monitoring (i.e., urine screening, pill counts, removal of opioid).

Checklist developed by Bruce D. Naliboff, Ph.D. with support from VA Health Services Research and Development. Used with permission.

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