

Controlled Substance Questionnaire (NV Factors Version B)

Patient Name: _____ Date: _____

<i>“N/A” means not applicable</i>	YES	NO	N/A
1. Have you previously been prescribed a controlled substance?			
2. Have you ever used a controlled substance in a way other than prescribed?			
3. Have you ever diverted a controlled substance to another person?			
4. Have you ever taken a controlled substance that did not have the desired effect?			
5. Are you currently using any drugs, including alcohol or marijuana?			
6. Are you using any drugs that may negatively interact with a controlled substance?			
7. Are you using any drugs that were not prescribed by a practitioner that is treating you?			
8. Have you ever attempted to obtain an early refill of a controlled substance?			
9. Have you ever made a claim that a controlled substance or prescription was lost or stolen?			
10. Have you ever had blood or urine tests that indicated inappropriate usage of medications?			
11. Have you ever been accused of inappropriate behavior or intoxication?			
12. Have you ever been addicted to controlled substances or had difficulty stopping controlled substances?			
13. Have you ever refused to cooperate with any medical testing or examinations?			
14. Do you have a history of substance abuse of any kind?			
15. Has there been a change in your health that might affect your medications?			
16. Are there other factors your practitioner should consider before prescribing?			