

# Screening Tool: OTC Codeine Assessment

**1a** How often do you take over the counter (OTC) codeine? (Choose one of the following)

Every day  Most Days

Proceed to question 1b

Once a week or more  About once a month  Every few months  Once or twice a year

Proceed to question 2

**1b** How long have you been using OTC codeine with this frequency?

Last week  Last four weeks

1 Point

Last year  Longer than one year  Longer than three years

2 Points

**2** What was the main reason OTC codeine was taken the last occasion it was used? (Choose one of the following)

Headache  Back pain  Dental pain  Migraine  Period pain  Any other physical pain

0 Points

To relax  To feel better  To sleep  Other \_\_\_\_\_

1 Point

**3** In the past 12 months, how difficult did you find it to stop or go without OTC codeine? (Choose one of the following)

Not difficult

0 Points

Quite difficult

1 Point

Very difficult

1 Point

Impossible

1 Point