

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

Last year Longer than one year Longer than three years

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

To relax To feel better To sleep Other _____

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

Quite difficult

Very difficult

Impossible