

# Albany's Opioid Court Screen

Please complete the survey below.

Thank you!

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NYSID

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Gender

- Female  
 Male  
 Prefer not to answer

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Ethnicity

- Hispanic/Latinx  
 Not Hispanic/Latinx

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Race

- African American/Black  
 Asian  
 More than once race  
 Native American  
 White  
 Other

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Age (in years)

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Where is this screening being conducted?

- Jail  
 Courthouse  
 Other \_\_\_\_\_

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Was this individual previously referred to you for potential participation in the opioid court?

- Yes  
 No

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Source of referral

- Law Enforcement  
 Defense  
 DA  
 Treatment  
 Probation  
 Parole  
 Other Court (eg. town and village court or other treatment courts)  
 Pre-trial services  
 Self-referred  
 Other

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Referral source if 'other'

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Reason for referral

- Reported using opioids, methamphetamine, and/or cocaine in the past 12 months  
 Reported using opioids, methamphetamine, and/or cocaine monthly or more frequently  
 Reported experiencing overdose  
 Other \_\_\_\_\_

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1. In the past 12 months, have you used opioids (for example heroin, oxycodone, prescribed or non-prescribed methadone, suboxone, or vivitrol, etc.), cocaine, and/or methamphetamine?

- Yes  
 No

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1b. Of the substances that you just said you used, thinking of the one you use the most, how frequently do you use it?

- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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2. Have you ever experienced an overdose?

- Yes
- No

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3. Have you ever witnessed an overdose?

- Yes
- No

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4. Have you ever lost consciousness or blacked out from using?

- Yes
- No

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5. Have you been released from jail, prison, or residential treatment in the last six weeks?

- Yes
- No

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6. Are you currently accessing treatment for opioid use (e.g., medications, counseling)?

- Yes
- No

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7. Would you be interested in accessing treatment for opioid use (e.g., medications, counseling)?

- Yes
- No

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**Is individual eligible for the Opioid Court?**

Individual is ELIGIBLE for the Opioid Court

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This individual should receive a referral for MOUD

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This individual is NOT Eligible for the Opioid Court

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Do you wish to override the screening results?

- Yes
- No

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Please explain your decision

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