

**Project ED Health III (Opioid Dependence Study)
BNI Adherence & Competence Checklist**

INSTRUCTIONS: Please check either YES, NO, or N/A (not applicable), or score one number between 1 and 7, where applicable, for each of the following items.

Did the Research Interventionist (RI)...	YES	NO	N/A
1) Introduce him/herself, ask the patient for permission to discuss opioid use and pause for his/her response?	<input type="checkbox"/>	<input type="checkbox"/>	
2) Explain that the RI was there to help with the patient's opioid problems?	<input type="checkbox"/>	<input type="checkbox"/>	
3) Ask how much physical discomfort the patient was experiencing?	<input type="checkbox"/>	<input type="checkbox"/>	
4) Review the patient's patterns of opioid use?	<input type="checkbox"/>	<input type="checkbox"/>	
5) Ask about or review with the patient other problems (besides physical) related to opioid use?	<input type="checkbox"/>	<input type="checkbox"/>	
6) Express concern about the patient's opioid use?	<input type="checkbox"/>	<input type="checkbox"/>	
7) Ask the patient what connection he/she sees between opioid use and the ED visit?	<input type="checkbox"/>	<input type="checkbox"/>	
8) Make or reflect a specific connection between opioid use and ED visit or other medical issue (e.g. hepatitis, overdose, constipation, change in menses)?	<input type="checkbox"/>	<input type="checkbox"/>	
9) Ask the patient what connection he/she sees between his/her opioid use and HIV/AIDS risk?	<input type="checkbox"/>	<input type="checkbox"/>	
10) Explain how the patient's opioid use puts him/her at a higher level of risk for contracting HIV/AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	
11) Explain what a "facilitated referral" entails?	<input type="checkbox"/>	<input type="checkbox"/>	
12) Explain what "standard care" entails?	<input type="checkbox"/>	<input type="checkbox"/>	
13) Explain what buprenorphine/suboxone treatment entails?	<input type="checkbox"/>	<input type="checkbox"/>	
14) State that if the patient accepts the referral, treatment would help with many of their problems related to opioid use, including withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>	
15) Ask the patient to select a number on the "Readiness Ruler" regarding his/her motivation to engage in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
16) What was the number? (please write # in the larger box)		<input style="width: 40px; height: 30px;" type="checkbox"/>	<input type="checkbox"/>
17) Ask the patient why he/she did not pick a lower number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Ask why the patient did not pick a higher number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Ask why the reason the patient gave to #17 is important to him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Ask the patient, "What would it take for that "1" to turn into a "2"? <u>OR</u> "what would make you a little more ready to enroll in treatment?" <u>OR</u> "Imagine you did sign up for treatment today; how would that be helpful to you?" <u>OR</u> "What might make you decide to ever engage in treatment?" <u>OR</u> Ask permission to give RI's reasons and then RI proceeds to give reasons once permission granted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Tell the patient in a confrontational manner, that he/she <i>has</i> to stop using or <i>has</i> to enroll in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
22) Make suggestions regarding how the patient should cut down or quit using?	<input type="checkbox"/>	<input type="checkbox"/>	
23) Ask, "What's the next step, if any," in reference to the treatment referral?	<input type="checkbox"/>	<input type="checkbox"/>	
24) Summarize the patient's reasons for entering into treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
25) Tell the patient that it is up to him/her whether or not to engage in treatment?	<input type="checkbox"/>	<input type="checkbox"/>	

26) Ask the patient to describe the types of treatment(s) that have been helpful to him/her in the past?	<input type="checkbox"/>	<input type="checkbox"/>	
27) Refer to the patient as an “addict”, “junkie” etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
28) Explain why buprenorphine/suboxone was better than methadone?	<input type="checkbox"/>	<input type="checkbox"/>	
29) Address the patient’s frustration/upset over not getting their preferred treatment or over not getting treatment fast enough with motivational strategies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) Tell the patient that if he/she starts treatment they will be on the road to recovery?	<input type="checkbox"/>	<input type="checkbox"/>	
31) Provide and have the patient fully complete a treatment agreement sheet? [RATER: Please listen to additional recording]	<input type="checkbox"/>	<input type="checkbox"/>	
32) Add the RI’s advice regarding enrolling in treatment? (e.g., that pt should go, when to go, what to bring, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
33) Offer confrontational warnings regarding future opioid use?	<input type="checkbox"/>	<input type="checkbox"/>	
34) Provide “Project ED Health” Referral sheet? (i.e., list of treatment agencies)	<input type="checkbox"/>	<input type="checkbox"/>	
35) Ask if the patient had any questions?	<input type="checkbox"/>	<input type="checkbox"/>	
36) Thank patient for his/her time?	<input type="checkbox"/>	<input type="checkbox"/>	
37) How well did the RI reflect or ask questions about the patient’s motivational statements regarding change? (please write# in box) 1 2 3 4 5 6 7 not at all well fairly well extremely well		<input style="width: 40px; height: 30px;" type="text"/>	
Project ID#: _____ #Minutes: _____ ED Date: _____ Rater#: _____ RI#: _____ Date Rated: _____			
Notes:			