**Opioid checklist**

|  |  |
| --- | --- |
| Patient NHI/Name | Date |

**Process measures**

1. Is there documented evidence there was a discussion about how to use the medicine?
 Yes □ No □

2. Is there documented evidence there was a discussion about possible side effects?
 Yes □ No □

3. Is there documented evidence there was a discussion about interactions with other medicines, supplements, and alcohol?

 Yes □ No □

4. Is there documented evidence the patient was offered written information about the medicine?
 Yes □ No □

 **Patient outcome measures**

5. Was the patient able to correctly describe (dose and frequency) how to use their medicine?

 Yes □ No □ N/A □

6. Was the patient able to identify a possible side effect of their medicine?

 Yes □ No □ N/A □