**Opioid checklist**

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| --- | --- |
| 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 □