**Tapering: Physician Risk Factor Checklist (Medical Providers Section)**

1. Any unexpected findings on PDMP: [Yes No]
2. Frequent emergency department visits/minor injuries/MVCs: : [Yes No]
3. Recently appeared intoxicated/impaired: : [Yes No]
4. Increased dose without authorization: : [Yes No]
5. Needed to take medications belonging to someone else: : [Yes No]
6. Patient or others worried about how patient is handling medications: [Yes No]
7. Had to make an emergency phone call or go to the clinic without an appointment: [Yes No]
8. Used pain medication for symptoms other than pain—sleep, mood, stress relief : [Yes No]
9. Changed route of administration: [Yes No]
10. Serious co-morbid mental illness: [Yes No]
11. Recent requests for early refills: [Yes No]
12. Recent reports of lost or stolen prescriptions: [Yes No]

13. Hoarding or stockpiling of medications: [Yes No]

14. Increasingly unkempt: [Yes No]

15. Attempted to obtain prescriptions from other doctors: [Yes No]

16. Concurrent benzodiazepine : [Yes No]

17. Concurrent stimulant prescription: [Yes No]

18. Maintenance dose greater than 8mg or buprenorphine or 80mg methadone : [Yes No]

19. Current reports of disturbances in sleep : [Yes No]

20. Current reports of problems or lability in mood or energy : [Yes No]

**Tapering: The Recovery Capital Checklist (Patients and Counselors Section)**

1. Have you been abstaining from illegal drugs, such as heroin, cocaine, and speed? Yes No

2. Do you think you are able to cope with difficult situations without using drugs? Yes No

3. Are you employed or in school? Yes No

4. Are you staying away from contact with users and illegal activities? Yes No

5. Have you gotten rid of your drug paraphernalia? Yes No

6. Are you living in a neighborhood that doesn’t have a lot of drug use? Yes No

7. And are you comfortable there? Yes No

8. Do you have nonuser friends that you spend time with? Yes No

9. Are you living in a stable household or family? Yes No

10. Do you have friends or family who would be helpful to you during a taper? Yes No

11. Do you have a spiritual practice? Yes No

12. Have you been participating in counseling that has been helpful? Yes No

13. Does your counselor think you are ready to taper? Yes No

14. Do you think you would ask for help when you are feeling bad during a taper? Yes No

15. Are you in good mental and physical health? Yes No

16. Do you want to get off methadone or buprenorphine? Yes No

The purpose of this section of the Checklist is to help patients and counselors to decide if the patient is ready to taper or discontinue fromMOUD at this time. Each item represents an

important part of the process of being ready to discontinue MOUD.

The more questions that can honestly be answered ‘‘yes,’’ the greater the likelihood that the patient is ready to taper from opioid medication. Consider that each ‘‘no’’ response

represents an area that the patient and counselor probably need to work on to increase the odds of a successful taper and recovery. Circle the appropriate response.