

### Important Content Update Message

We are currently updating the OP Help Center content for OP 20. We appreciate your patience as we continue to make these updates. To locate the version of your software, navigate to: **Help tab > About**

# Importing Surveys

Last Modified on 02/04/2021 11:53 am EST

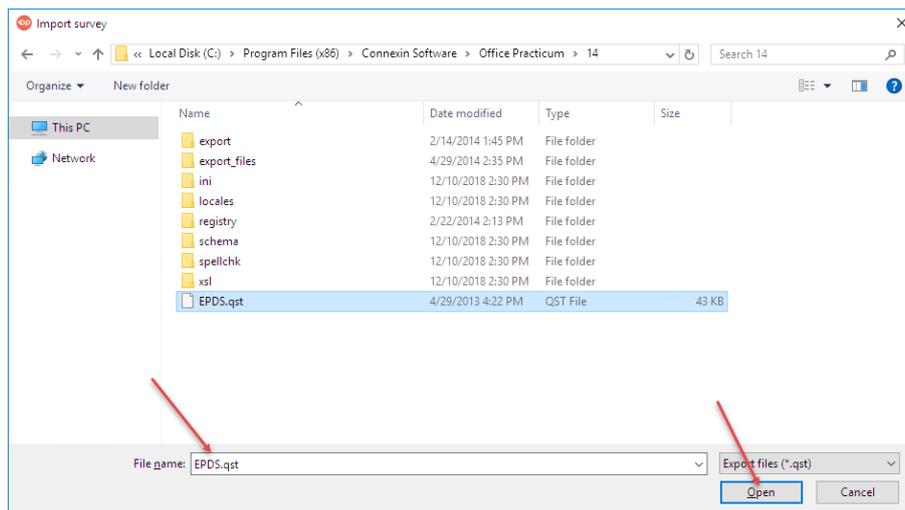
Version 14.19

**Path: Clinical tab > More button (Customize group) > Surveys button**

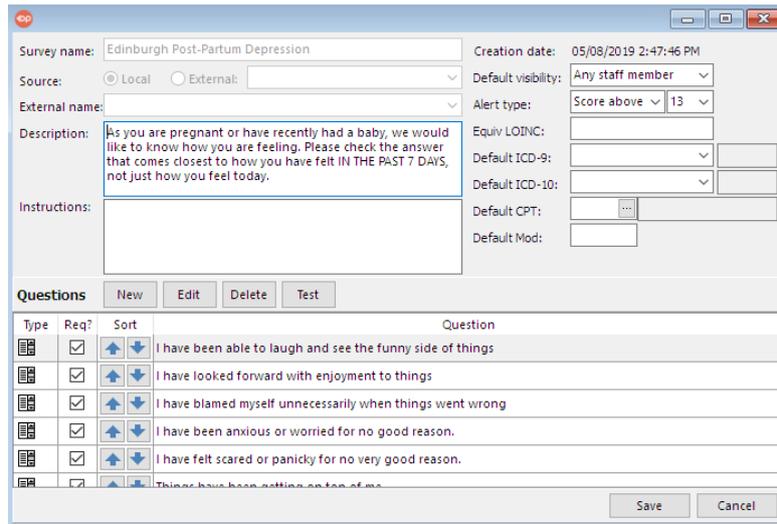
To import a survey into OP the Survey *must* have the .qst file extension.

Click [here](#) to view the available list of surveys to download.

1. Open the Survey Forms Explorer bar navigating to the path above.
2. Click the **Import** button.
3. Select a **Survey File** (.qst file).
4. Click the **Open** button.



The Survey is displayed in OP.



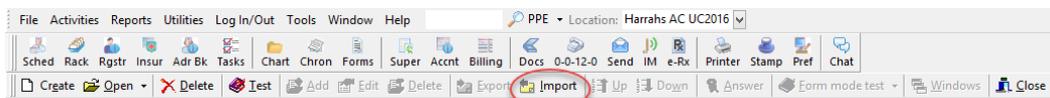
Version 14.10

## Utilities > Manage Clinical Features > Survey Administrator

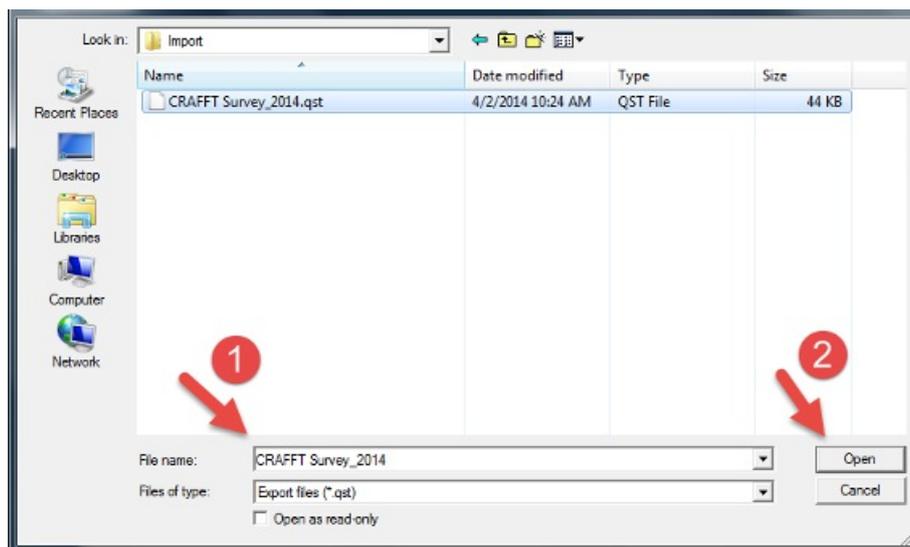
To import a survey into OP the Survey *must* have the .qst file extension.

Click [here](#) to view the available list of surveys to download.

1. Open the Survey Administrator Tool bar by clicking the path above. The Survey Administrator toolbar is displayed.



2. Click the **Import** button.
3. Select the **Survey File** (.qst file).
4. Click the **Open** button.



The Survey is displayed in OP.

Survey name:

Source:  Local  External:

External name:

Description: Probability of Substance Abuse/Dependencies based on CRAFFT Scoring

Instructions: CRAFFT scoring : Each yes response in Part B scores 1 point. A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Creation date: 04/02/2014 02:05 PM

Default visibility: Any staff member

Alert type: Score above 1

Equiv LOINC:

Default DX:

Default CPT:

Default Mod:

**Questions**

Type	Req?	Sort	Question
<input checked="" type="checkbox"/>		605	Part A: During the past 12 months did you drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)
<input checked="" type="checkbox"/>		606	Part A: During the past 12 months did you smoke any marijuana or hashish?
<input checked="" type="checkbox"/>		607	Part A: During the past 12 months did you use anything else to get high? (includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff)
<input type="checkbox"/>		608	For Clinical Use Only:
<input checked="" type="checkbox"/>		609	Part B: Have you ever ridden in a car driven by someone, including yourself, who was high or had been using alcohol or drugs?
<input type="checkbox"/>		610	Part B: Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?