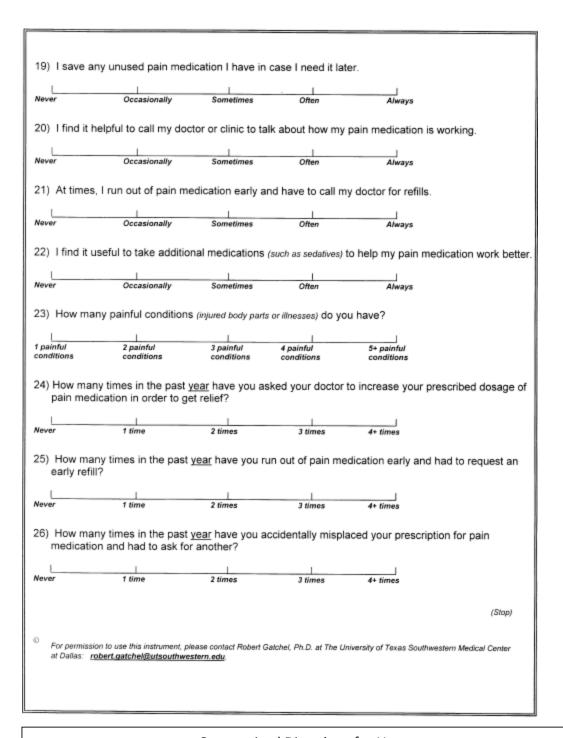
PMQ	PAIN MEDICATION O	QUESTIONNAIR	RE®	NAME:				
In order to develop the best treatment plan for you, we want to understand your thoughts, needs and experiences related to pain medication. Please read each statement below and indicate how much it applies to you by marking your response with an "X" anywhere on the line below it.								
I believe I am receiving enough medication to relieve my pain.								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
My doctor spends enough time talking to me about my pain medication during appointments.								
0/22222								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
3) I believe I would feel better with a higher dosage of my pain medication.								
Disasses.	6							
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
In the past, I have had some difficulty getting the medication I need from my doctor(s).								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
5) I wouldn't mind quitting my current pain medication and trying a new one, if my doctor recommends it.								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
I have clear preferences about the type of pain medication I need								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
Family members seem to think that I may be too dependent on my pain medication.								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
B) It is important to me to try ways of managing my pain in addition to the medication (such as relaxation, biofeedback, physical therapy, TENS unit, etc.)								
Disagree	Somewhat Disagree	Neutral	Somewhat Acces	Agree				
Disagree	Joinawnat Disagree	Heutrai	Somewhat Agree	Agree				
			-	Please continue on the next page)				

At times, I take pain medication when I feel anxious and sad, or when I need help sleeping.							
Never	Occasionally	Sometimes	Often	Always			
10) At times, I drink alcohol to help control my pain.							
Never	Occasionally	Sometimes	Often	Always			
11) My pain medication makes it hard for me to think clearly sometimes.							
1							
Never	Occasionally	Sometimes	Often	Always			
				-			
12) I find it necessary to go to the emergency room to get treatment for my pain.							
Never	Occasionally	Sometimes	Often	Always			
13) My pain medication makes me nauseated and constipated sometimes.							
Never	Occasionally	Sometimes	Often	Always			
14) At times, I need to borrow pain medication from friends or family to get relief.							
Never	Occasionally	Sometimes	Often	Always			
15) I get pain medication from more than one doctor in order to have enough medication for my pain.							
Never	Occasionally	Sometimes	Often	Always			
16) At times, I think I may be too dependent on my pain medication.							
Never	Occasionally	Sometimes	Often	Always			
17) To help me out, family members have obtained pain medications for me from their own doctors.							
	1	1	1				
Never	Occasionally	Sometimes	Often	Always			
18) At times, I need to take pain medication more often than it is prescribed in order to relieve my pain.							
1	1	1	1	, 1			
Never	Occasionally	Sometimes	Often	A/ways			
	-						
				(Please continue on the next page)			



Summarized Directions for Use

Sum each answer's Number (see below), the higher the sum, the higher the amount of behaviors associated with potential risk for opioid misuse.

Number equals either the (# of Times) or the (# of Conditions minus 1), or a scale of:

Never = 0, Occasionally = 1, Sometimes = 2, Often = 3, & Always = 4

Adams LL, Gatchel RJ, Robinson RC, et al. Development of a self-report screening instrument for assessing potential opioid medication misuse in chronic pain patients. J Pain Symptom Manage. 2004;27(5):440-459. doi:10.1016/j.jpainsymman.2003.10.009.