

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.

- 1) I believe I am receiving enough medication to relieve my pain.

Disagree Somewhat Disagree Neutral Somewhat Agree Agree

- 2) My doctor spends enough time talking to me about my pain medication during appointments.

Disagree Somewhat Disagree Neutral Somewhat Agree Agree

- 3) I believe I would feel better with a higher dosage of my pain medication.

Disagree Somewhat Disagree Neutral Somewhat Agree Agree

- 4) 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

- 6) I have clear preferences about the type of pain medication I need.

Disagree Somewhat Disagree Neutral Somewhat Agree Agree

- 7) Family members seem to think that I may be too dependent on my pain medication.

Disagree Somewhat Disagree Neutral Somewhat Agree Agree

- 8) 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 Agree Agree

(Please continue on the next page)

9) 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.

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.

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.

Never Occasionally Sometimes Often Always

(Please continue on the next page)

19) I save any unused pain medication I have in case I need it later.

Never Occasionally Sometimes Often Always

20) I find it helpful to call my doctor or clinic to talk about how my pain medication is working.

Never Occasionally Sometimes Often Always

21) At times, I run out of pain medication early and have to call my doctor for refills.

Never Occasionally Sometimes Often Always

22) I find it useful to take additional medications (*such as sedatives*) to help my pain medication work better.

Never Occasionally Sometimes Often Always

23) How many painful conditions (*injured body parts or illnesses*) do you have?

1 painful conditions 2 painful conditions 3 painful conditions 4 painful conditions 5+ painful conditions

24) How many times in the past year have you asked your doctor to increase your prescribed dosage of pain medication in order to get relief?

Never 1 time 2 times 3 times 4+ times

25) How many times in the past year have you run out of pain medication early and had to request an early refill?

Never 1 time 2 times 3 times 4+ times

26) How many times in the past year have you accidentally misplaced your prescription for pain medication and had to ask for another?

Never 1 time 2 times 3 times 4+ times

(Stop)

① For permission to use this instrument, please contact Robert Gatchel, Ph.D. at The University of Texas Southwestern Medical Center at Dallas: robert.gatchel@utsouthwestern.edu.

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.