

The following questions can help us guide medication treatment for pain management.

Please answer the questions below using the following scale:

0 = Never 1 = Seldom 2 = Sometimes 3 = Often 4 = Very often

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| 1. | How often do you feel pain that is “ out of control” ? | 0 | 1 | 2 | 3 |
| 4 | | | | | |
| 2. | How often do you have mood swings? | 0 | 1 | 2 | 3 |
| 3. | How often do you do things that you later regret? | 0 | 1 | 2 | 3 |
| 4. | How often has your family been supportive and encouraging? | 0 | 1 | 2 | 3 |
| 5. | How often have others told you that you have a bad temper? | 0 | 1 | 2 | 3 |
| 6. | Compared with other people, how often have you been in a car accident? | 0 | 1 | 2 | 3 |
| 7. | How often do you smoke a cigarette within an hour after you wake up? | 0 | 1 | 2 | 3 |
| 8. | How often have you felt a need for higher doses of medications to treat your pain? | 0 | 1 | 2 | 3 |
| 9. | How often do you take more medication than you are supposed to? | 0 | 1 | 2 | 3 |
| 10. | How often have any of your family members had a problem with alcohol or drugs? | 0 | 1 | 2 | 3 |
| 11. | How often have any of your close friends had the problem with alcohol or drugs? | 0 | 1 | 2 | 3 |
| 12. | How often have others suggested that you have a drug or alcohol problem? | 0 | 1 | 2 | 3 |
| 18. | How often have your medication been lost or stolen? | 0 | 1 | 2 | 3 |
| 19. | How often have others expressed concern over use of medication? | 0 | 1 | 2 | 3 |
| 20. | How often have you felt a craving for medication? | 0 | 1 | 2 | 3 |
| 21. | How often has more than one doctor prescribed pain medication for you at the same time? | 0 | 1 | 2 | 3 |
| 22. | How often have you been asked to give a urine screen for substance abuse? | 0 | 1 | 2 | 3 |
| 23. | How often have you used illegal drugs (for example marijuana, cocaine, etc.) in the past five years? | 0 | 1 | 2 | 3 |
| 24. | How often in your lifetime have you had legal problems or been arrested? | 0 | 1 | 2 | 3 |