Appendix A – Brief Pain Inventory (Short Form)

STUDY ID# _____ HOSPITAL # _____

DO NOT WRITE ABOVE THIS LINE

Brief Pain Inventory (Short Form)

Date: _____/_____/_____ Time: _____

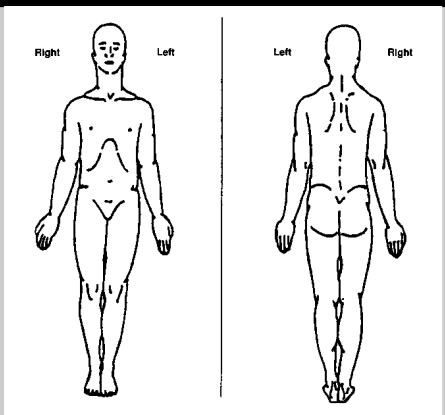
Name: _____ _____ _____

Last First Middlle Initial

1. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these every-day kinds of pain today?

   1. Yes 2. No

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

4. Please rate your pain by circling the one nuimber that best describes your pain at its least in the last 24 hours.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0	1	2	3	4	5	6	7	8	9	10
No Pain										Pain as bad as you can imagine

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7. What treatments or medications are you receiving for your pain?

8. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that most shows how much relief you have received.

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
No Relief										Complete Relief

9. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:

A. General Activity

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

B. Mood

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

C. Walking Ability

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

D. Normal Work (includes both work outside the home and housework)

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

E. Relations with other people

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

F. Sleep

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

G. Enjoyment of life

0	1	2	3	4	5	6	7	8	9	10
Does not Interfere										Completely Interferes

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Appendix B – Patient Health Questionnaire (PHQ-9)

Patient Name: _____ Date: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Little interest or pleasure in doing things.	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless.	☐	☐	☐	☐
3. Trouble falling/staying asleep, sleeping too much.	☐	☐	☐	☐
4. Feeling tired or having little energy.	☐	☐	☐	☐
5. Poor appetite or overeating.	☐	☐	☐	☐
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐

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Appendix C – Physical Functional Ability Questionnaire (FAQ5)

This tool has not been validated for research; however, work group consensus was to include it as an example due to the lack of other validated and easy-to-use functional assessment tools for chronic pain.

Name: _____

Date: _____

Date of Birth: _____

MR #: _____

Instructions: Circle the number (1-4) in each of the groups that best summarizes your ability.

Add the numbers and multiply by 5 for total score out of 100.

_____ **Self-care ability assessment**

1. Require total care: for bathing, toilet, dressing, moving and eating
2. Require frequent assistance
3. Require occasional assistance
4. Independent with self-care

_____ **Family and social ability assessment**

1. Unable to perform any: chores, hobbies, driving, sex and social activities
2. Able to perform some
3. Able to perform many
4. Able to perform all

_____ **Movement ability assessment**

1. Able to get up and walk with assistance, unable to climb stairs
2. Able to get up and walk independently, able to climb one flight of stairs
3. Able to walk short distances and climb more than one flight of stairs
4. Able to walk long distances and climb stairs without difficulty

_____ **Lifting ability assessment**

1. Able to lift up to 10 lbs. occasionally
2. Able to lift up to 20 lbs. occasionally
3. Able to lift up to 50 lbs. occasionally
4. Able to lift over 50 lbs. occasionally

_____ **Work ability assessment**

1. Unable to do any work
2. Able to work part-time **and** with physical limitations
3. Able to work part-time **or** with physical limitations
4. Able to perform normal work

_____ **Physical Functional Ability (FAQ5) Score**

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Controlled Substance Contract

I understand that Dr. _____ is prescribing a controlled substance to assist me in managing chronic pain or anxiety that has not responded to other treatments and must assist me to function better. If my activity level or general function gets worse, the medication will be changed or discontinued. Controlled substances are medications which the DEA has deemed to have potential for misuse and a list can be found at http://www.deadiversion.usdoj.gov
The risks, side effects and benefits have been explained to me and I agree to the following conditions of treatment. Failure to adhere to these conditions will result in discontinuing the medication.

1. I will participate in other treatments that my doctor recommends and will be ready to taper or discontinue the medication as other effective treatments become available.

2. I will take my medications exactly as prescribed and will not change the medication dosage or schedule without my doctors approval.

3. I will keep regular appointments at the clinic.

4. All controlled drugs for pain, anxiety, or insomnia must be prescribed only by my doctor.

5. If I have another condition that requires the prescription of a controlled drug (like narcotics, tranquilizers, barbituates or stimulants), or if I am hospitalized for any reason, I will inform the clinic within one business day.

6. I will designate one pharmacy where all of my prescriptions will be filled.

Pharmacy Name: _____

7. I understand that lost or stolen prescriptions will not be replaced, and I will not request early refills.

8. I agree to abstain from all illegal and recreational drugs (including alcohol) and will provide urine or blood specimens at the doctor's request to monitor my compliance.

9. I am responsible for keeping track of the medication left and plan ahead for arranging refills in a timely manner so that I will not run out of medication.

10. Refills will be made only during regular office hours.

11. I authorize Generations Primary Care physicians and/or staff to discuss my care and treatment while undergoing therapy with any other medical facilities involved in my care.

12. If my doctor has concerns about the continued use of controlled medications I may be referred to a specialist such as pain management or psychiatry for further management of my conditions.

13. I will not be involved with any activity that may be dangerous to me or someone else if I feel drowsy or am not thinking clearly. This would include activities such as driving, swimming, or operating heavy machinery.

Patient Name (print): _____ Patient Signature:_____ Date:_____

Provider Signature: _____ Date:_____

Informed Consent

Opiates: Opiates are a group of medications which are most commonly used to treat pain. They can have great benefits in this area but because they do have risks including addiction. Common examples include Tramadol (Ultram), Hydrocodone (Lortab, Vicodin, Norco, Lorcet), Oxycodone (Percocet, Oxycontin), Morphine (MS Contin), and Fentanyl (Duragesic).

Common Side Effects of Opiates: Itch, Vomiting, Difficulty Passing Urine, Constipation, Headache, and Drowsiness.

Possible Effects of Overuse/Toxicity: Slurred Speech, Difficulty Thinking, Physical Dependence, Addiction, Passing Out, Slowed Breathing, Death.

If you ever experience signs of toxicity, contact your physician or the Emergency Department.

Possible Side Effects of Withdrawal: Anxiety, Muscle Twitches, Tremor, Diarrhea.

For signs of dependence or withdrawal, contact your physician; this is an uncomfortable, but not a deadly condition.

Benzodiazepines: These medications are commonly used to treat severe anxiety. They can be useful in acute as well as long-term anxiety treatment, but they do have risks including addiction. Common examples include Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax), and Clonazepam (Klonipin).

Common Side Effects of Benzodiazepines: Drowsiness, Depression, Headache, Constipation, Diarrhea, Dry Mouth, Fatigue, Memory Impairment, Reduced Coordination, Physical Dependence, Appetite Changes, and Menstrual Changes.

Possible Effects of Overuse/Toxicity: Addiction, Low Blood Pressure, Difficulty Thinking, Passing Out, Death.

Possible Side Effects of Withdrawal: Anxiety, Elevated Temperature, Elevated Blood Pressure, Rapid Breathing, Confusion/Delerium, Tremor, Hallucinations, and Death.

If you ever experience signs of toxicity or withdrawal, contact your physician or the Emergency Department.

Tolerance, Dependence, and Addiction: These medications may lead to tolerance, meaning that it takes more medicine to produce the same benefit/effect. Physical dependence is the state where your body has become accustomed to the medication and stopping it will cause withdrawal symptoms. Addiction is a state where one is willing to take medication even if causes harm or involves illegal actions. Any concerns for addiction should be reported to your physician.

Patient Signature:_____ Date:_____

Appendix D – Personal Care Plan for Chronic Pain

This tool has not been validated for research; however, work group consensus was to include it as an example of a patient tool for establishing a plan of care.

1. Set Personal Goals

- ☐ Improve Functional Ability Score by _____ points by: Date _____
- ☐ Return to specific activities, tasks, hobbies, sports...by: Date _____
  1. _____
  2. _____
  3. _____
- ☐ Return to ☐ limited work/or ☐ normal work by: Date _____

2. Improve Sleep (Goal: _____ hours/night, Current: ____hours/night)

- ☐ Follow basic sleep plan
  1. Eliminate caffeine and naps, relaxation before bed, go to bed at target bedtime _____
- ☐ Take nighttime medications
  1. _____
  2. _____
  3. _____

3. Increase Physical Activity

- ☐ Attend physical therapy (days/week _____)
- ☐ Complete daily stretching (____ times/day, for ____minutes)
- ☐ Complete aerobic exercise/endurance exercise
  1. Walking (____ times/day, for ____minutes) or pedometer (_____ steps/day)
  2. Treadmill, bike, rower, elliptical trainer (____ times/week, for ____ minutes)
  3. Target heart rate goal with exercise _____ bpm

  Strengthening
  1. Elastic, hand weights, weight machines (____ minutes/day, ____ days/week)

4. Manage Stress – list main stressors _____

- ☐ Formal interventions (counseling or classes, support group or therapy group)
  1. _____
- ☐ Daily practice of relaxation techniques, meditation, yoga, creative activity, service activity, etc.
  1. _____
  2. _____
- ☐ Medications
  1. _____
  2. _____

5. Decrease Pain (best pain level in past week: ____ / 10, worst pain level in past week: ____ / 10)

- ☐ Non-medication treatments
  1. Ice/heat _____
  2. _____
- ☐ Medication
  1. _____
  2. _____
  3. _____
  4. _____
- ☐ Other treatments _____

Physician name: _____ Date: _____

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Appendix E – DIRE Score: Patient Selection for Chronic Opioid Analgesia

The DIRE Score is a clinician rating used to predict patient suitability for long-term opioid analgesic treatment for chronic non-cancer pain. It consists of four factors that are rated separately and then added up to form the DIRE score: Diagnosis, Intractability, Risk and Efficacy. The Risk factor is further broken down into four subcategories that are individually rated and added together to arrive at the Risk score. The Risk subcategories are Psychological Health, Chemical Health, Reliability and Social Support. Each factor is rated on a numerical scale from 1 to 3, with 1 corresponding to the least compelling or least favorable case for opioid prescribing, and 3 denoting the most compelling or favorable case for opioid prescribing. The total score is used to determine whether or not a patient is a suitable candidate for opioid maintenance analgesia. Scores may range from 7 at the lowest (patient receives all 1s) to 21 at the highest (patient receives all 3s). In a reliability and validity study, higher scores (14 or higher) predicted a more successful prescribing process with respect to patient compliance and efficacy of treatment *(Belgrade, 2006 [High Quality Evidence])*.

For each factor, rate the patient's score from 1 to 3 based on the explanations in the right-hand column.

Score	Factor	Explanation
	Diagnosis	1 = Benign chronic condition with minimal objective findings or no definite medical diagnosis. Examples: fibromyalgia, migraine headaches, non-specific back pain. 2 = Slowly progressive condition concordant with moderate pain, or fixed condition with moderate objective findings. Examples: failed back surgery syndrome, back pain with moderate degenerative changes, neuropathic pain. 3 = Advanced condition concordant with severe pain with objective findings. Examples: severe ischemic vascular disease, advanced neuropathy, severe spinal stenosis.
	Intractability	1 = Few therapies have been tried and the patient takes a passive role in his/her pain management process. 2 = Most customary treatments have been tried but the patient is not fully engaged in the pain management process, or barriers prevent (insurance, transportation, medical illness). 3 = Patient fully engaged in a spectrum of appropriate treatments but with inadequate response.
	Risk	(R= Total of P+C+R+S below)
	Psychological:	1 = Serious personality dysfunction or mental illness interfering with care. Example: personality disorder, severe affective disorder, significant personality issues. 2 = Personality or mental health interferes moderately. Example: depression or anxiety disorder. 3 = Good communication with clinic. No significant personality dysfunction or mental illness.
	Chemical Health:	1 = Active or very recent use of illicit drugs, excessive alcohol, or prescription drug abuse. 2 = Chemical coper (uses medications to cope with stress) or history of CD in remission. 3 = No CD history. Not drug focused or chemically reliant.
	Reliability:	1 = History of numerous problems: medication misuse, missed appointments, rarely follows through. 2 = Occasional difficulties with compliance, but generally reliable. 3 = Highly reliable patient with meds, appointments & treatment.
	Social Support:	1 = Life in chaos. Little family support and few close relationships. Loss of most normal life roles. 2 = Reduction in some relationships and life roles. 3 = Supportive family/close relationships. Involved in work or school and no social isolation.
	Efficacy score	1 = Poor function or minimal pain relief despite moderate to high doses. 2 = Moderate benefit with function improved in a number of ways (or insufficient info – hasn't tried opioid yet or very low doses or too short of a trial). 3 = Good improvement in pain and function and quality of life with stable doses over time.

_____Total score = D + I + R + E

Score 7-13: Not a suitable candidate for long-term opioid analgesia
Score 14-21: May be a good candidate for long-term opioid analgesia

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