The Pain Patient Interview

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Objectives

• Pain is complex, so structured interview necessary
• Chronic pain is a chronic multisystem disease
• 6 Domains to systematically evaluate
• 6 Multidimensional history elements
• The 5-E’s of Motivational Interviewing
Chronic disease Management

Multidimensional measurements

- Diabetes: FBS, \( A_1c \), UA, lipids, feet, eyes
- Hypertension: BPs, Cr, lytes, lipids, EKGs, weight, habits
- Ischemic heart disease: ETTs, EKGs, BPs, Cr, lytes, lipids, weight, habits
- Asthma: PFTs, EKGs, Rx utilization, ED visits, vaccinations, tobacco, EKG
- Rheumatoid disorders: C-RP, CBC, ANA, imaging, Rx toxicity monitoring
- Chronic Pain: The 4-A’s, sleep, MEDs
Acute Pain ≠ Chronic Pain

• When Pain is a symptom
• When Pain becomes a primary disorder
  – Providing care while not being able to cure disease.
  – Quality of life may not correlate with the severity of the pathophysiology, impairment, functional limitations, disability, or expectations of society.
  – Physical, psychosocial, and environmental factors effect function and quality of life as defined by the patient and family.
Complexity of Pain Pathophysiology

• Pain system is dynamic and intrinsically self-modulating
• Neural matrix: from nociceptor to brain
• Neurochemical regulation
  – Opioids, monoamines, and the “channel-opathies”
• Significant *geno-bio-psycho-social* interactions
The Pain Processing System

Nociceptor

Dorsal Root Ganglion

Dorsal Horn

Thalamo-subcortical-cortical-insular networks

Corticospinothalamic pathways

From:
D’Mello 2008, Mendell 2003, Ossipov 2010
The Loeser Onion

PAIN BEHAVIOR

What we observe during exam of our patients

SUFFERING

Complex response to meaning and context of pain experience

PAIN

Pain transduction/transmission actively modulated multidirectionally throughout CNS = Neuroplasticity

NOCICEPTION

Nociceptors selectively respond to noxious stimulation

What we observe during exam of our patients

Complex response to meaning and context of pain experience

Pain transduction/transmission actively modulated multidirectionally throughout CNS = Neuroplasticity

Nociceptors selectively respond to noxious stimulation
Pathophysiology of Suffering

• Disturbance of equilibrium within an “Embodied Experience”
  – Mind/Body homeostasis disrupted

• Negative affective response to an unexpected consequence

• *Maldynic* response to persistent noxious or perceived to be noxious stimulation

• Symptoms
  – Despair
  – Loss
  – Depression
  – Anxiety
  – Fear
  – Fatigue
  – Sleep disruption
  – Negative *mis*beliefs
  – Catastrophic thinking
  – Somatic Pain
  – Autonomic and neurohumoral activity
  – Visceral disturbances
  – Endocrinological
Adverse Childhood Events (ACE)

**Significant Events:**
- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

**Robust Correlation:**
- Depressed affect, suicide attempts
- Multiple sexual partners, sexually transmitted diseases
- Smoking & alcoholism
- Social, emotional, cognitive impairment
- Adoption of health/risk behaviors
- Disease, disability & social problems
- Early death
- Chronic Pain Disorders

Anda R., [www.acestudy.org](http://www.acestudy.org)
Descending Noxious Inhibitory Control

Abnormal “DNIC”

- Adverse childhood experiences
- Irritable Bowel Syndrome
- Fibromyalgia Syndrome
- Chronic Low Back Pain
- Gender and menstrual cycle variability
- Sleep deprivation
- Pain-catastrophizers
- Hypnosis responsive

Goodin 2009.
van Wijk 2010.
The Pain Journey: 
*Acute into Chronic Suffering*
Pain Narrative

• His/Her-Story is all the distressed patient has:
  – Authentic dialogue is required
  – Treatment requires a partnership
• Source may be a complex past trauma
• Experience of suffering need be told:
  – to allow the patient to understand their status
  – to allow the doctor to understand how to direct effective treatment

Carr, 2005.
Charon, 2005.
History is the Mystery

• Context embodied within the geno-bio-psycho-social life of patient
• Multidisciplinary diagnoses are imbedded in complete medical and psychosocial history
  – Medical or surgical disorder perpetuating painful tissue injury
  – Comorbid medical conditions
  – Adverse Childhood and Adult Events exposures
  – Co-morbid Psychiatric disorders
  – Co-morbid Addiction
IMMPACT*-plus** Benchmarks

1. Pain Intensity
2. Physical Functioning
3. Emotional Functioning
4. Global Rating of improvement
5. Adverse Treatment effects**
6. Compliance and Adherence**

*Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials
From: J of Pain 2008:9:105-121

**Best Practice Guidelines
4-A’s of Pain Assessment

① Analgesia
   – Pain intensity

② Activities of Daily Living
   – Physical functioning
   – Emotional functioning

③ Adverse effects of treatment

④ Aberrant behaviors

Legislative Remedy  
ESHB 2876

① Access to treatment and dose guidelines
② Improve access to specialized care
③ Track progress by using assessment tools focusing on pain interference, physical function, global improvement, and compliance
④ Track opioid use with ED network and PMP programs
Pain and Co-morbid Addiction

- Continuity of severity within a heterogeneous population
- 3-18% chronic pain patients with SUD dx
- Up to 32% abuse rate in academic primary care clinic

- **Compulsive** use
- inability to **Control** the quantity used
- **Craving** the psychological drug effects
- **Continued** use of the drug despite its adverse effects

Nicholson 2007
Ives 2006
### Pain Location

Below is a list of possible pain locations. In the first column, please indicate one or more areas where you usually hurt. In the second column, please indicate the ONE location of your most severe pain:

<table>
<thead>
<tr>
<th>Location</th>
<th>Any pain?</th>
<th>Worst pain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arm</td>
<td></td>
<td></td>
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<tr>
<td>Hand</td>
<td></td>
<td></td>
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<tr>
<td>Buttocks</td>
<td></td>
<td></td>
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<tr>
<td>Genital/Urinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How intense has your pain been recently?

<table>
<thead>
<tr>
<th>No pain</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How much has pain interfered with your activities recently?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely</td>
<td></td>
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</tr>
</tbody>
</table>

The activity you have chosen to monitor is:

To change your activity [click here](#).

How would you rate the way you do your activity now?

<table>
<thead>
<tr>
<th>No difficulty</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme difficulty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Over the last 2 weeks, how often have you...

<table>
<thead>
<tr>
<th>Not at all</th>
<th>0</th>
<th>Several days</th>
<th>1</th>
<th>More than half the days</th>
<th>2</th>
<th>Nearly every day</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

...had little interest or pleasure in doing things?...felt down, depressed, or hopeless?...felt nervous, anxious, or on edge?

### Medications

What medications are you now taking for pain? Please list the name and dose of the medication.

#### OPIOIDS

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dose (mg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

#### NON-OPIOIDS

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dose (mg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Are you having any side effects from the medications you take for pain? If so, what are they?

---

In the past month, how many "bad days" have you had where you needed to take more pain medication than your doctor is currently prescribing?

- None
- 1-2
- 3-5
- More than 5

---

Courtesy of Mark Sullivan, MD, PhD
Summary Report

Sample report showing patient responses over time:

Pain Intensity and Activity

<table>
<thead>
<tr>
<th>Date</th>
<th>Pain Intensity</th>
<th>Activity Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/14/09</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>6/14/09</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>9/14/09</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12/14/09</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Pain Intensity and Depression

<table>
<thead>
<tr>
<th>Date</th>
<th>Pain Intensity</th>
<th>HQQ3</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/14/09</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>6/14/09</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>9/14/09</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12/14/09</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
### Project ECHO/CHRONIC PAIN TELEMEDICINE CLINIC – Consultation Request Form

**Echo ID # T-**

**Year of Birth**

**Gender** [ ] Male [ ] Female

**Medicaid eligible?** [ ] Yes [ ] No

**My clinic is a FQHC** [ ] Yes [ ] No

**Check positive findings**

<table>
<thead>
<tr>
<th>Race/s</th>
<th>Marital Status</th>
<th>Education</th>
<th>Current Medications</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] American Indian or Alaska Native</td>
<td>[ ] single</td>
<td>___ # years of school (or)</td>
<td>Opioids</td>
<td></td>
</tr>
<tr>
<td>[ ] Asian</td>
<td>[ ] married</td>
<td>[ ] high school diploma</td>
<td>Non-opioid analgesics</td>
<td></td>
</tr>
<tr>
<td>[ ] Black or African American</td>
<td>[ ] divorced</td>
<td>[ ] college degree</td>
<td>Other antidepressants</td>
<td></td>
</tr>
<tr>
<td>[ ] Native Hawaiian / Pacific Islander</td>
<td>[ ] separated</td>
<td>[ ] graduate degree</td>
<td>Sedatives and sleep aids</td>
<td></td>
</tr>
<tr>
<td>[ ] White</td>
<td>[ ] widowed</td>
<td></td>
<td>Other medications</td>
<td></td>
</tr>
<tr>
<td>[ ] other</td>
<td>[ ] co-habitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ethnicity**

[ ] Hispanic / Latino

[ ] Not Hispanic Latino

**Height** ft in

**Wt in lbs**

**BMI**

**Active commitments**

[ ] Work full time

[ ] Work part time

[ ] Volunteer

[ ] Regular exercise

[ ] Losing weight

[ ] MH/Psych counselor

[ ] Parole officer plan

[ ] CDP TX program

[ ] AA NA other

**Living Situation (s)**

[ ] housing unstable

[ ] homeless

[ ] other

**Tobacco**

[ ] active smoker

[ ] chewer

[ ] packs per day

[ ] # smoking years

**Side Effects from Pain Meds?**

Morphine equivalent dose:

(For online morphine dose equivalent calculator see

[www.agenzycmedication.wa.gov/opioid_dosing.asp](http://www.agenzycmedication.wa.gov/opioid_dosing.asp)

<table>
<thead>
<tr>
<th>Current Labs</th>
<th>Date</th>
<th>Current Labs if done</th>
<th>Draw Date</th>
<th>Current Labs if done</th>
<th>Specimen Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatinine</td>
<td>____</td>
<td>____</td>
<td>/ / /</td>
<td>HCV Ab</td>
<td>____</td>
</tr>
<tr>
<td>ALT/AST</td>
<td>____</td>
<td>____</td>
<td>/ / /</td>
<td>HCV RNA</td>
<td>____</td>
</tr>
<tr>
<td>T/D Bilirubin</td>
<td>____</td>
<td>____</td>
<td>/ / /</td>
<td>HIV</td>
<td>____</td>
</tr>
<tr>
<td>TP/ALB</td>
<td>____</td>
<td>____</td>
<td>/ / /</td>
<td>TSH</td>
<td>____</td>
</tr>
<tr>
<td>PPD</td>
<td>____</td>
<td>____</td>
<td>/ / /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Medical History and Exam Findings

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-morbidities including seizure disorder?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History or risk for falls or fractures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep apnea or respiratory disease?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs of IV use on exam?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pain History, Functional Goals, Locations, Severity, Strategies

#### Activity the patient is monitoring:

**Overall questions and concerns that you would like to discuss in the Telemedicine conference?**

#### How much has pain interfered with the patient’s role function? (Circle the number that corresponds)

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extremely</th>
</tr>
</thead>
</table>

**Pain Locations:**
- Any pain?
- Worst Pain?
- Head
- Neck
- Chest
- Stomach
- Back
- Arm
- Hand
- Buttocks
- Genital/Urinary
- Leg
- Knee
- Foot

#### How intense was the recent pain reported at the last visit?

<table>
<thead>
<tr>
<th>No pain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extreme pain</th>
</tr>
</thead>
</table>

#### In the past month, how many “bad days” did the patient report where they needed to take more pain medication than had been prescribed?

- None
- 1-2 days
- 3-5 days
- More than 5

**Pain Management Strategies:** (past treatment, what works, what doesn’t? Allergies or intolerances? Compliance with TX plan?)
Psychiatric History

History of other abuse, sexual assault, domestic violence, other trauma?

Psych hospitalizations or suicide attempts?

In the two weeks prior to the last visit, how often did the patient report that they

A. Had little interest or pleasure in doing things?
B. Felt down, depressed or hopeless?
C. Felt nervous, anxious or on edge?

Substance Abuse and Opioid Risk Screen

Opioids: (age of onset + tx history, abuse, diversion other aberrant behavior including receipt of opioids from more than one provider?)

Risk tool date: 

<table>
<thead>
<tr>
<th>Item</th>
<th>Item score if female (circle)</th>
<th>Item score if male (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family history of substance abuse?</td>
<td>Check if yes</td>
<td></td>
</tr>
<tr>
<td>1.a Alcohol</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>1.b Illegal drugs</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1.c Prescription</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2. Personal history of substance abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.a Alcohol</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2.b Illegal drugs</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2.c Prescriptions</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3. Age: Mark box if 16-45 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4. History of preadolescent sexual abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Psychological diseases?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder?</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Low Risk 0-3    Moderate Risk 4-7    High Risk ≥ 8    Total Opioid Risk Score: ________________________________
# CPAIN™
## Patient Profiles

<table>
<thead>
<tr>
<th>Current Mental Health Status</th>
<th>Name (Case Study)</th>
<th>ID: CaseStudy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Anxiety</td>
<td>CR0-7 (6-9 = Negative, 10-21 = Possible anxiety disorder)</td>
<td></td>
</tr>
<tr>
<td>Somatization</td>
<td>Anxiety-5 (0-4 = Negative, 5-7 = Possible somatization)</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>CES-D-10 (0-4 = Negative, 10-20 = Possible depressive disorder)</td>
<td></td>
</tr>
</tbody>
</table>

### Tobacco Use
- Post use: Yes - Has ever used any form of tobacco
- Current use: No - Currently uses any form of tobacco
- Time since quit: 4 years - Time since last quit using tobacco
- Cigarette/day: Pipe/day: Cigars/day: Snuff/chew cane or pouches/day: (Note: Not applicable to all tobacco products)

### Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol use: Heavy drinking: Weekly
- Blackouts: Less than monthly
- Signs of alcohol dependence: None
- Presence of alcohol-related harms: None
- Recommendation: 0 - No intervention needed
- Risk score (out of 4): Total score: 0 (1-9 = low, 10-19 = moderate, 20-49 = high, 50-64 = very high)

### Drug Use Disorders Identification Test (DUDIT)
- Drug use: N/A, Non-drug use: Never
- Frequency influenced by drugs: Never
- Signs of drug dependence: None
- Presence of drug-related harms: None
- Recommendation: 0 - No intervention needed
- Risk score: Total score: 0 (1-9 = low, 10-19 = moderate, 20-49 = high, 50-64 = very high)

### Opioid Risk Tool (ORT)
- Family Hx: Alcohol abuse: Yes
- Legal drug abuse: Yes
- Rx drug abuse: Yes
- Personal Hx: Alcohol abuse: Yes
- Illegal drug abuse: No
- Rx drug abuse: Yes
- History of sexual abuse: No
- History of sexual assault: No
- Ever Dx AED, OCD, BPD, SCHZ: Yes
- Ever Dx Depression: Yes
- Age 18-46: Yes

### Score Summary
- Total score: 8 (3-9 = Low, 10-20 = Moderate, 21-46 = High)

### Identifying Information
- Name: Case Study
- Date of birth: 10/12/2013
- Age: 86
- DOB: 10/13/1927
- Marital status: Married
- Education level: 12th grade
- Learning difficulties: None
- Race: Caucasian
- Ethnicity: Medicare
- Language: English
- Environment: Living alone
- Treatment: Left

### Personal Characteristics
- Mental status: Normal
- Education level: High School
- Learning difficulties: None
- Race: Caucasian
- Ethnicity: Medicare
- Language: English
- Environment: Living alone
- Treatment: Left
Comprehensive Longitudinal Pain Profile

C-PAIN™
MED dose converter

AMDG on-line tool
www.agencymeddirectors.wa.gov

– Lingua franca for Rx history:
  
  • “Current MED is ...

  Opioids used are: ...”

### OPIOID DOSE CALCULATOR

<table>
<thead>
<tr>
<th>Opioid (oral or transdermal)</th>
<th>mg per day*</th>
<th>Morphine equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>codeine</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>fentanyl transdermal (in mcg/hr)</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>hydrocodone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>hydromorphone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>methadone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>up to 20mg per day</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>21 to 40mg per day</td>
<td></td>
<td>Since doses at or below 40mg per day are below the threshold for pain management consultation no opioid conversion calculations are necessary for this dosing range (assuming no other opioids are being taken).</td>
</tr>
<tr>
<td>41 to 60mg per day</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>&gt;60mg per day</td>
<td>80</td>
<td>960</td>
</tr>
<tr>
<td>morphine</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>oxycodone</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>oxymorphone</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL daily morphine equivalent dose (MED)** = 960

* Note: All doses expressed in mg per day with exception of fentanyl transdermal, which is expressed in mcg per hour

If this value is less than 120mg Morphine Equivalent Dose (MED), please follow Part I of the AMDG Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. Referral for pain management consultation is recommended before exceeding 120mg MED daily. See www.agencymeddirectors.wa.gov/guidelines.asp

If this value is greater than 120mg MED, please follow Part II of the AMDG Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain. See www.agencymeddirectors.wa.gov/guidelines.asp
### Administration

- **On initial visit**
- **Prior to opioid therapy**

### Scoring

- **0-3: low risk (6%)**
- **4-7: moderate risk (28%)**
- **> 8: high risk (> 90%)**

---

**Opioid Risk Tool (ORT)**

**Physician Form**

*With Item Values to Determine Risk Score*

Name ___________________________ Date ________________

<table>
<thead>
<tr>
<th>Mark each box that applies</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family history of substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Alcohol</td>
<td>[ ] 1</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>- Illegal drugs</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>- Prescription drugs</td>
<td>[ ] 4</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>2. Personal history of substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Alcohol</td>
<td>[ ] 3</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>- Illegal drugs</td>
<td>[ ] 4</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>- Prescription drugs</td>
<td>[ ] 5</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>3. Age (mark box if 16-45 years)</td>
<td>[ ] 1</td>
<td>[ ] 1</td>
</tr>
<tr>
<td>4. History of preadolescent sexual abuse</td>
<td>[ ] 3</td>
<td>[ ] 0</td>
</tr>
<tr>
<td>5. Psychological disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Attention-deficit/ hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia</td>
<td>[ ] 2</td>
<td>[ ] 2</td>
</tr>
<tr>
<td>- Depression</td>
<td>[ ] 1</td>
<td>[ ] 1</td>
</tr>
</tbody>
</table>

**Low (0-3) Moderate (4-7) High (≥8)**

| Scoring totals | [ ] | [ ] |
Pain Intensity and Interference

In the last month, on average, how would you rate your pain? Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be"? [That is, your usual pain at times you were in pain.]

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

In the last month, how much has pain interfered with your daily activities? Use a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities"?

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

From 2010 WA State AMDG Guidelines
<table>
<thead>
<tr>
<th><strong>PHQ-9 Scoring Tally Sheet</strong></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Little interest or pleasure in doing things</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Feeling down, depressed, or hopeless</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Trouble falling asleep, staying asleep, or sleeping too much</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Feeling tired or having little energy</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Poor appetite or overeating</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Trouble concentrating on things such as reading the newspaper or watching television</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Thinking that you would be better off dead or that you want to hurt yourself in some way</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Roland Morris Disability Inventory

Patient name: ___________________________ File #_____________ Date:_____________

Please read instructions: When your back hurts, you may find it difficult to do some of the things you normally do. Mark only the sentences that describe you today.

☐ I stay at home most of the time because of my back.
☐ I change position frequently to try to get my back comfortable.
☐ I walk more slowly than usual because of my back.
☐ Because of my back, I am not doing any jobs that I usually do around the house.
☐ Because of my back, I use a handrail to get upstairs.
☐ Because of my back, I lie down to rest more often.
☐ Because of my back, I have to hold on to something to get out of an easy chair.
☐ Because of my back, I try to get other people to do things for me.
☐ I get dressed more slowly than usual because of my back.
☐ I only stand up for short periods of time because of my back.
☐ Because of my back, I try not to bend or kneel down.
☐ I find it difficult to get out of a chair because of my back.
☐ My back is painful almost all of the time.
☐ I find it difficult to turn over in bed because of my back.
☐ My appetite is not very good because of my back.
☐ I have trouble putting on my sock (or stockings) because of the pain in my back.
☐ I can only walk short distances because of my back pain.
☐ I sleep less well because of my back.
☐ Because of my back pain, I get dressed with the help of someone else.
☐ I sit down for most of the day because of my back.
☐ I avoid heavy jobs around the house because of my back.
☐ Because of back pain, I am more irritable and bad tempered with people than usual.
☐ Because of my back, I go upstairs more slowly than usual.
☐ I stay in bed most of the time because of my back.
The Motivational Interview
Establishing commitment to treatment

_Patient-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence_

1. Show the disadvantages of the status quo
2. Show the benefits of change
3. Show that change is possible
4. Support patient intention to change

Miller, Rollnick  1991.
The 5 E’s of the Pain Interview

1. Empathy
   – Patient centered open-ended questioning

2. Evaluate
   – Make expert diagnosis

3. Educate
   – Show disadvantages of status quo and benefits of change

4. Encourage
   – Show that change is possible

5. Engage
   – Motivate adherence supporting patient intention to change
Pain Diagnostic Evaluation
“OLDCARTS”

- Onset
- Location
- Duration
- Character

- Alleviating/Aggravating
- Radiation
- Temporal pattern
- Symptoms associated
How?

Listening as a Dance*
  – Lead by following your partner’s cues
Jazz, not Classical**
  – Improvise
  – Following cues

*from Anthony Mariano, PhD

**from Greg Vandekieft, MD
6 Pain Interview Measures

1. **Analgesia**
   “How much pain relief are you getting?”

2. **Activity (functional and emotional):**
   “What are you doing to keep active and how is your mood?”

3. **Adverse effects of treatment**
   “Any side-effects you or others have noticed?”

4. **Aberrant behaviors/risks assessment**
   “Are you taking the medications as directed?”
   “Are you doing your therapy/exercises to get better?”

5. **Sleep**

6. **MEDs (Morphine Equivalents)**
References 1

References 2


