



Consider questions and probes like these when evaluating patients being considered for COT or monitoring patients already receiving COT.

Assessment/monitoring questions in Epic (.opioidsmart)

In the past month:

- In general, how would you say your health has been? [poor, fair, good, very good, excellent]
- 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 do any activities.”
- 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.”

Assessing goals for pain management

- Other than reducing pain, what is the most important goal (or goals) you hope to achieve to improve your quality of life?
- To what extent have you reached this goal (or these goals)? [0 – 100%]

Assessing medication effects and expectations

- How well has the opioid pain medicine worked to relieve your pain?
- Have you been bothered by any side effects?
- How long do you expect to continue using this medicine?

Assessing patient problems and concerns

Problems with opioids	Concerns about opioids
Have opioid pain medicines cause you to: <ul style="list-style-type: none"> • Lose interest in your usual activities? • Have trouble concentrating or remembering? • Feel slowed down, sluggish, or sedated? • Feel depressed, down, or anxious? • Have difficulty thinking clearly? • Have side effects that interfered with work, family, or social responsibilities? • Be sleepy or less alert when driving, operating machines, or doing things when you needed to be alert? 	<ul style="list-style-type: none"> • Have you been preoccupied with or thought constantly about using opioid pain medicine? • Have you felt you could not control how much or how often you used the medicine? • Have you needed to use a higher dose of the medicine to get the same effect? • Have you worried that you might be dependent on or addicted to the medicine? • Have you wanted to stop using the medicine or to cut down on the amount that you use? • Has the medicine caused you to have problems with family, friends, or co-workers? • Have any family members or friends thought you might be dependent on or addicted to this medicine?

Assessing patient psychological well-being

Over the last 2 weeks, how often have you been bothered by:

- Little interest or pleasure in doing things? [not at all, several days, more than half the days, nearly every day]
- Feeling down, depressed, or hopeless? [not at all, several days, more than half the days, nearly every day]