



The Pain Pill Survey

Each person's pathway to opiate addiction is as unique as their pain diagnosis. The following questionnaire is an opportunity to ask explicit questions regarding your relationship with opiate pain medicines.

1. Have you ever reported your pain as more severe than it really was in order to obtain more or stronger pain medicines? Yes No

If you have done this, what did you tell yourself to make it OK to misreport this info to your doctor and/or nurse? _____

For each of the following locations of care how many times have you done this?

Regular clinic/provider? _____

Pain doctor? _____

Emergency Room? _____

Immediate/Urgent Care? _____

2. Have you ever obtained prescriptions for painkillers in any of the following circumstances?

From more than one doctor at the same time? Yes No

From an Internet pharmacy? Yes No

When traveling to Mexico or Canada? Yes No

Did you tell anyone that you were doing this? Yes No

If you did, how did you keep them from finding out?

3. Have you ever gone to more than one pharmacy to be sure the prescription would be filled? Yes No

If so, how many pharmacies did you go to? _____



4. In any of the above situations, to what lengths did you go to keep this a secret?

From family? _____

From your primary doctor? _____

From any other care providers? _____

5. Have you paid cash for a prescription of painkillers because it was too soon for your insurance company to approve a refill of the medication? Yes No

6. How often have you run out of medication too early? _____

7. How many times have you paid cash in the last 6 months? _____

8. Have you ever taken painkillers that were prescribed to someone else? Yes No

Who did they belong to?

Relative(s) Friend(s) Others _____

Did you steal them or buy them?

What did you tell yourself to make it OK to do this?

9. Have you ever injured yourself in order to get painkillers? Yes No

What did you do? _____

How were you impacted by your actions? _____

How were others impacted?

10. Have you ever had a medical procedure that you didn't really need in order to have access to painkillers? Yes No

What did you tell yourself to rationalize this behavior? _____

Did you have complications of these procedures? No Yes (specify)



11. Has taking more opiate pain medicine over time led to:

Improved pain control of your primary pain diagnosis? Yes No

Improved pain control of other diagnoses? Yes No

Worse pain control over your primary pain diagnosis? Yes No

Worse pain control related to other diagnoses? Yes No

12. Has taking pain medication caused symptoms to occur that were not there before you started taking pain medication? No Yes. If yes, what symptoms?

Pain symptoms Anxiety symptoms Depression symptoms

Sleep problems Digestive problems Constipation

Other Symptoms _____

13. Have you ever taken pain medication to feel emotional relief from pain?

Yes No

14. Have you taken your medication, *not as prescribed*, to get high? Yes No

If so, when was the first time you did this? _____

How often have you done this in the last 6 months? _____

15. Have you ever overdosed on your pain medicine, or taken too much, requiring you to seek medical help? Yes No

When did this happen? _____

What were the consequences (including medical care)? _____

16. Has a loved one or friend expressed concern about you and pain medication?

When was the first time this happened? _____

What did they say? _____

How did that make you feel? _____



17. Are you able to think about living your life without opiates? Yes No

What are your feelings about this? _____

18. Do you feel that you deserve to take pain medicines? No Yes

What are your feelings about this? _____

20. In what other ways have prescription painkillers complicated your life?

We hope this survey has been helpful for you in better determining what your relationship is between addiction and the use of opiate medications. Please consider sharing and discussing this information with your provider, as a step toward improved treatment and living a healthier lifestyle.