



Opioid Patient Questionnaire

Patient: _____ DOB: _____ Phone: _____

Discussion Prompts	Notes
How well is your medication controlling your pain? <ul style="list-style-type: none">• Discuss the patient’s goals for reducing pain with this medication.	
Besides medication, what have you tried to help reduce your pain? <ul style="list-style-type: none">• Talk about physical therapy, exercise or proper sleep hygiene.	
What medication(s) have you tried for your pain? How did you respond to those medications? <ul style="list-style-type: none">• Also ask about the patient’s experience with opioid alternatives, such as an NSAID or acetaminophen as necessary.	
What side effects, if any, are you experiencing from your pain medication(s)? <ul style="list-style-type: none">• Address the risk for respiratory depression and opioid-induced constipation. Provide OTC recommendations as necessary.	
When taking an opioid, you are at risk for an overdose. Are you aware of the steps you can take to reduce this risk? <ul style="list-style-type: none">• Talk about ways to avoid an overdose, such as avoiding alcohol, benzodiazepines, skeletal muscle relaxants and hypnotics while using an opioid.• Inform the patient about naloxone as an extra safety measure.	
Where do you store your opioid medication(s)? <ul style="list-style-type: none">• Discuss proper storage and safety measures, such as keeping the medication out of plain sight and locking the medication up.	
How do you currently dispose of unused medication(s)? <ul style="list-style-type: none">• Educate on ways to safely dispose of extra medication, such as the local police station or take-back box. (dea.gov)	