

SOAPP®-R
Consultants in Pain Management

Patient Name: _____ **Date of Birth** _____

Date: _____

Directions: Following are some questions given to patients who are on or are being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

| | Never | Seldom | Sometimes | Often | Very Often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 |
| 1. How often do you have mood swings? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. How often have you felt a need for higher doses of medication to treat your pain? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How often have you felt impatient with your doctors? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. How often have you felt that things are just too overwhelming that you can't handle them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. How often is there tension in the home? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. How often have you counted pain pills to see how many are remaining? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. How often have you been concerned that people will judge you for taking pain medication? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. How often do you feel bored? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. How often have you taken more pain medication than you were supposed to? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. How often have you worried about being left alone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. How often have you felt a craving for medication? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. How often have others expressed concern over your use of medication? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | Never | Seldom | Sometimes | Often | Very Often |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | 0 | 1 | 2 | 3 | 4 |
| 13. How often have any of your close friends had a problem with alcohol or drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. How often have others told you that you had a bad temper? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. How often have you felt consumed by the need to get pain medication? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. How often have you run out of pain medication early? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. How often have others kept you from getting what you deserve? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. How often, in your lifetime, have you had legal problems or been arrested? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. How often have you attended an AA or NA meeting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. How often have you been in an argument that was so out of control that someone got hurt? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. How often have you been sexually abused? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. How often have others suggested that you have a drug or alcohol problem? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. How often have you had to borrow pain medications from your family or friends? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. How often have you been treated for an alcohol or drug problem? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



©2007 Inflexion®, Inc. All rights reserved. 320 Needham Street, Suite 100, Newton, MA 02464
 • Phone (617) 332-6028 • Fax (617) 332-1820 • www.inflexion.com
 The Screener and Opioid Assessment for Patients with Pain was developed with a grant from the National Institutes of Health (#2R44DA015617-02)

Please include any additional information you wish about the above answers. Thank you.