

**SCREEN AND OPIOID ASSESSMENT FOR PATIENTS WITH PAIN**

Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP®-R)

The following are some questions given to patients who are on or being considered for medication for their pain.

Please answer each question as honestly as possible.

There are no right or wrong answers.

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

Date \_\_\_\_\_ Patient Signature \_\_\_\_\_



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

**ONLY TO BE SCORE BY PERSONNEL NOT BY PATIENT**

Please score the questions above using the following scale:  
0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often

Total Score = \_\_\_Never \_\_\_Seldom \_\_\_Sometimes \_\_\_Often \_\_\_Very Often

Risk for Opioid Misuse (SOAPP-R)  
Low Risk – score < 9  
Moderate Risk – score 10 to 21  
High Risk – score 22 or greater

Date \_\_\_\_\_ Patient Signature \_\_\_\_\_