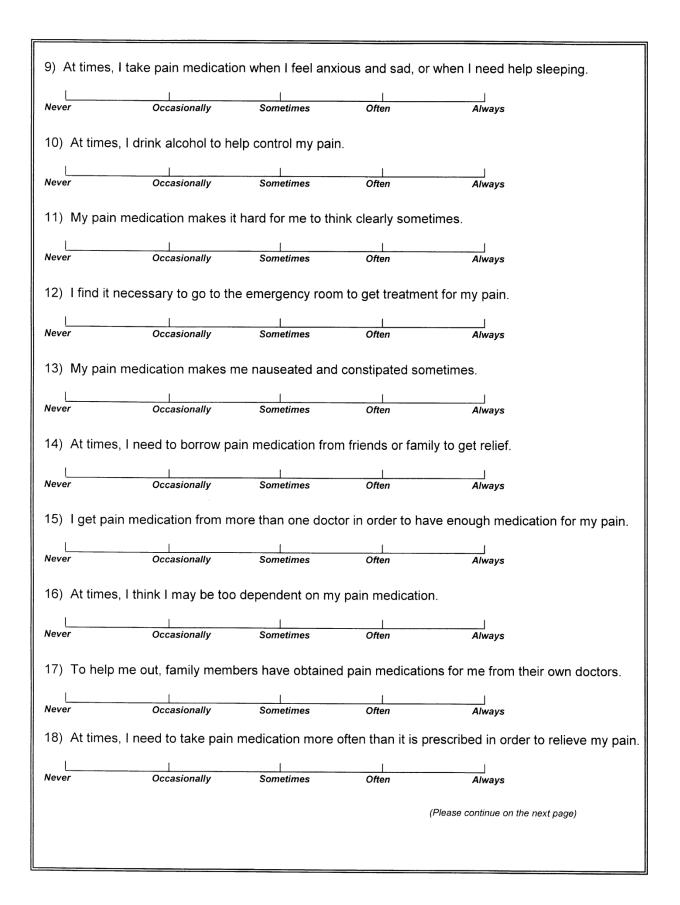
## BUCKHEAD INJURY WELLNESS INSTITUTE

PMQ	PAIN MEDICATION	QUESTIONNAI	IRE <sup>©</sup>	NAME:				
In order to develop the best treatment plan for you, we want to understand your thoughts, needs and experiences related to pain medication. Please read each statement below and indicate how much it applies to you by marking your response with an "X" anywhere on the line below it.								
I believe I am receiving enough medication to relieve my pain.								
Disagree	Somewhat Disagree	Neutral	   Somewhat Agree	Agree				
2) My doctor spends enough time talking to me about my pain medication during appointments.								
 Disagree	   Somewhat Disagree	Neutral	Somewhat Agree					
<b>- -</b>				Agree				
I believe I would feel better with a higher dosage of my pain medication.								
1	ı	1	1	ı				
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
4) In the past, I have had some difficulty getting the medication I need from my doctor(s).								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
5) I wouldn't mind quitting my current pain medication and trying a new one, if my doctor recommends it.								
Disagree	Somewhat Disagree	Neutrai	Somewhat Agree	Agree				
6) I have clear preferences about the type of pain medication I need.								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	 Agree				
Disagree	Somewhat Disagree	Neutrai	Somewhat Agree	Agree				
7) Family members seem to think that I may be too dependent on my pain medication.								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
8) It is important to me to try ways of managing my pain in addition to the medication (such as relaxation, biofeedback, physical therapy, TENS unit, etc.)								
Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree				
Disagree	Somewhat Disagree	Neutrai	Somewhat Agree	Agree				
			(Ple	ase continue on the next page)				

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19) I save any unused pain medication I have in case I need it later.								
,	1	1	1					
Never	Occasionally	Sometimes	Often	Always				
				•				
20) I find it helpful to call my doctor or clinic to talk about how my pain medication is working.								
1	1							
Never	Occasionally	Sometimes	Often	 Always				
21) At times, I run out of pain medication early and have to call my doctor for refills.								
1	1	1	1	1				
Never	Occasionally	Sometimes	Often	Always				
22) I find it useful to take additional medications (such as sedatives) to help my pain medication work better.								
1	1	1	1	ı				
Never	Occasionally	Sometimes	Often	Always				
23) How many painful conditions (injured body parts or illnesses) do you have?								
1	1	ı	1	ı				
1 painful	2 painful	3 painful	4 painful	5+ painful				
conditions	conditions	conditions	conditions	conditions				
24) How man	24) How many times in the past <u>year</u> have you asked your doctor to increase your prescribed dosage of							
pain med	ication in order to ge	<u>rear</u> have you as et relief?	sked your doctor	to increase your prescribed dosage or				
	9-							
Never	1 time	2 times	3 times	4+ times				
	i ume	2 ames	3 unies	4+ umes				
25) How ma	nv times in the past	vear have vou ri	un out of pain me	dication early and had to request an				
25) How many times in the past <u>year</u> have you run out of pain medication early and had to request an early refill?								
1								
Never	1 time	2 times	3 times	4+ times				
			ccidentally mispla	aced your prescription for pain				
medication and had to ask for another?								
		1	1	ı				
Never	1 time	2 times	3 times	4+ times				
				(Stop)				
Thank you for your cooperation and honesty								