

Dear Doctor

Are you a pain management physician?

Yes

No

Do you prescribe opioids?

Yes

No

If yes: What pain medications do you prescribe? (list all medications)

What purpose, *i.e.* diagnosis?

Do you manage long term pain medications?

Yes

No

Approximately how many patients do you treat for pain with opioid treatment annually ? _____

Do you prescribe methadone?

Yes

No

When CONSIDERING long-term opioid therapy, do you?

Set realistic goals for pain and function based on diagnosis (eg. walk around the block).

Always

Never

Sometimes

Check that non-opioid therapies tried and optimized.

Always

Never

Sometimes

Discuss benefits and risks (eg. addiction, overdose) with patient.

Always

Never

Sometimes

Evaluate risk of harm or misuse.

Always

Never

Sometimes

Discuss risk factors with patient.

Always

Never

Sometimes

Check urine drug screen.

Always

Never

Sometimes

Set Criteria for stopping or continuing opioids.

- Always* *Never* *Sometimes*

Assess baseline pain and function (eg. PEG scale).

- Always* *Never* *Sometimes*

Schedule initial reassessment within 1 — 4 weeks.

- Always* *Never* *Sometimes*

Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

- Always* *Never* *Sometimes*

If RENEWAL without patient visit, do you?

Check that return visit is scheduled \leq 3 months from last visit.

- Always* *Never* *Sometimes*

When REASSESSING at return visit, do you?

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- Always* *Never* *Sometimes*

Assess pain and function (eg. PEG); compare results to baseline.

- Always* *Never* *Sometimes*

Evaluate risk of harm or misuse:

- Always* *Never* *Sometimes*

Observe patient for signs of over-sedation or overdose risk.

- Always* *Never* *Sometimes*

If yes: Do you taper dose.

- Always* *Never* *Sometimes*

Check for opioid use disorder if indicated (eg. difficulty controlling use)

- Always* *Never* *Sometimes*

If yes: Do you Refer for Treatment.

- Always* *Never* *Sometimes*

Check that non-opioid therapies optimized.

- Always* *Never* *Sometimes*

Determine whether to continue, adjust, taper, or stop opioids.

- Always* *Never* *Sometimes*

Calculate opioid dosage morphine milligram equivalent (MME).

- Always* *Never* *Sometimes*

If ≥ 50 MME/day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone),
Increase frequency of follow-up; consider offering naloxone.

- Always* *Never* *Sometimes*

Avoid ≥ 90 MME/day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone),
Or carefully justify; consider specialist referral.

- Always* *Never* *Sometimes*

Schedule reassessment at regular intervals (≤ 3 months).

- Always* *Never* *Sometimes*

Signature: _____ Date: _____