



Randall J. Franiak, M.D.

Your referring doctor requested an evaluation/consultation regarding your chronic pain. In accordance with insurance criteria and current standards of care, we need to evaluate how much your pain affects your psychological health. It is important that you complete the following pages to the best of your ability. It is VERY important that the person that is SUFFERING THE PAIN answers the questions. This information will NOT be copied, or shared with anyone else. It is protected health information.

Choose one statement from among the group of four statements in EACH block that best describes how you have been feeling during the **past few days**. Circle the sentence that best describes your choice.

1	I do not feel sad. I feel sad. I am sad all the time and I can't snap out of it. I am so sad or unhappy that I can't stand it.	8	I don't feel I am any worse than anybody else. I am critical of myself for my weaknesses or mistakes. I blame myself all the time for my faults. I blame myself for everything bad that happens.
2	I am not particularly discouraged about the future. I feel discouraged about the future. I feel I have nothing to look forward to. I feel that the future is hopeless and that things cannot improve.	9	I don't have any thoughts of killing myself. I have thoughts of killing myself, but I would not carry them out. I would like to kill myself. I would kill myself if I had the chance.
3	I do not feel like a failure. I feel I have failed more than the average person. As I look back on my life, all I can see is a lot of failure. I feel I am a complete failure as a person.	10	I don't cry any more than usual. I cry more now than I used to. I cry all the time now. I used to be able to cry, but now I can't cry even though I want to.
4	I get as much satisfaction out of things as I used to. I don't enjoy things the way I used to. I don't get any real satisfaction out of anything anymore. I am dissatisfied or bored with everything.	11	I am no more irritated by things than I ever am. I am slightly more irritated now than usual. I am quite annoyed or irritated a good deal of the time. I feel irritated all the time now.
5	I don't feel particularly guilty. I feel guilty a good part of the time. I feel quite guilty most of the time. I feel guilty all of the time.	12	I have not lost interest in other people. I am less interested in other people than I used to be. I have lost most of my interest in other people. I have lost all of my interest in other people.
6	I don't feel I am being punished. I feel I may be punished. I expect to be punished. I feel I am being punished.	13	I make decisions about as well as I ever could. I put off making decisions more than I used to. I have greater difficulty in making decisions than before. I can't make decisions at all anymore.
7	I don't feel disappointed in myself. I am disappointed in myself. I am disgusted with myself. I hate myself.	14	I don't feel that I look any worse than I used to. I am worried that I am looking old or unattractive. I feel that there are permanent changes in my appearance that make me look unattractive. I believe that I look ugly.

15	<p>I can work about as well as before. It takes an extra effort to get started at doing something. I have to push myself very hard to do anything. I can't do any work at all.</p>	19	<p>I haven't lost much weight, if any, lately. I have lost more than five pounds. I have lost more than ten pounds. I have lost more than fifteen pounds.</p>
16	<p>I can sleep as well as usual. I don't sleep as well as I used to. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. I wake up several hours earlier than I used to and cannot get back to sleep.</p>	20	<p>I am no more worried about my health than usual. I am worried about physical problems such as aches and pains, or upset stomach, or constipation. I am very worried about physical problems, and it's hard to think of much else. I am so worried about my physical problems that I cannot think about anything else.</p>
17	<p>I don't get more tired than usual. I get tired more easily than I used to. I get tired from doing almost anything. I am too tired to do anything.</p>	21	<p>I have not noticed any recent change in my interest in sex. I am less interested in sex than I used to be. I am much less interested in sex now. I have lost interested in sex completely.</p>
18	<p>My appetite is no worse than usual. My appetite is not as good as it used to be. My appetite is much worse now. I have no appetite at all anymore.</p>		

COMM™

Please answer each question as honestly as possible. Keep in mind that we are only asking about the past 30 days. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
1. In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?	<input type="radio"/>				
2. In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)	<input type="radio"/>				
3. In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	<input type="radio"/>				
4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?	<input type="radio"/>				
5. In the past 30 days, how often have you seriously thought about hurting yourself?	<input type="radio"/>				
6. In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	<input type="radio"/>				

©2008 Inflexion, Inc. Permission granted solely for use in published format by individual practitioners in clinical practice. No other uses or alterations are authorized or permitted by copyright holder. Permissions questions: PainEDU@inflexion.com. The COMM™ was developed with a grant from the National Institutes of Health and an educational grant from Endo Pharmaceuticals.

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
7. In the past 30 days, how often have you been in an argument?	○	○	○	○	○
8. In the past 30 days, how often have you had trouble controlling your anger (e.g., road rage, screaming, etc.)?	○	○	○	○	○
9. In the past 30 days, how often have you needed to take pain medications belonging to someone else?	○	○	○	○	○
10. In the past 30 days, how often have you been worried about how you're handling your medications?	○	○	○	○	○
11. In the past 30 days, how often have others been worried about how you're handling your medications?	○	○	○	○	○
12. In the past 30 days, how often have you had to make an emergency phone call or show up at the clinic without an appointment?	○	○	○	○	○
13. In the past 30 days, how often have you gotten angry with people?	○	○	○	○	○
14. In the past 30 days, how often have you had to take more of your medication than prescribed?	○	○	○	○	○
15. In the past 30 days, how often have you borrowed pain medication from someone else?	○	○	○	○	○
16. In the past 30 days, how often have you used your pain medicine for symptoms other than for pain (e.g., to help you sleep, improve your mood, or relieve stress)?	○	○	○	○	○
17. In the past 30 days, how often have you had to visit the Emergency Room?	○	○	○	○	○

©2008 Inflexion, Inc. Permission granted solely for use in published format by individual practitioners in clinical practice. No other uses or alterations are authorized or permitted by copyright holder. Permissions questions: PainEDU@inflexion.com. The COMM™ was developed with a grant from the National Institutes of Health and an educational grant from Endo Pharmaceuticals.

Pain

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.

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

©2009 Inflexion, Inc. Permission granted solely for use in published format by individual practitioners in clinical practice. No other uses or alterations are authorized or permitted by copyright holder. Permissions questions: PainEDU@inflexion.com. The SOAPP®-R was developed with a grant from the National Institutes of Health and an educational grant from Endo Pharmaceuticals.

	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"/>				
14. How often have others told you that you had a bad temper?	<input type="radio"/>				
15. How often have you felt consumed by the need to get pain medication?	<input type="radio"/>				
16. How often have you run out of pain medication early?	<input type="radio"/>				
17. How often have others kept you from getting what you deserve?	<input type="radio"/>				
18. How often, in your lifetime, have you had legal problems or been arrested?	<input type="radio"/>				
19. How often have you attended an AA or NA meeting?	<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"/>				
21. How often have you been sexually abused?	<input type="radio"/>				
22. How often have others suggested that you have a drug or alcohol problem?	<input type="radio"/>				
23. How often have you had to borrow pain medications from your family or friends?	<input type="radio"/>				
24. How often have you been treated for an alcohol or drug problem?	<input type="radio"/>				

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

©2009 Inflexxion, Inc. Permission granted solely for use in published format by individual practitioners in clinical practice. No other uses or alterations are authorized or permitted by copyright holder. Permissions questions: PainEDU@inflexxion.com. The SOAPP®-R was developed with a grant from the National Institutes of Health and an educational grant from Endo Pharmaceuticals.