

Routine Opioid Outcomes Monitoring (ROOM) Tool V1.2 270318

- 1** What number best describes your pain on average over the past 7 days?
- Mild or well managed pain Moderate pain Severe or unmanaged pain
- No pain **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Pain as bad as you can imagine
- 2** What number best describes how, during the past week, pain has interfered with your enjoyment of life?
- Does not interfere **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely interferes
- 3** What number best describes how, during the past week, pain has interfered with your general activity?
- Does not interfere **0** **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** Completely interferes

Please indicate how often you have been bothered by the following problems over the past three months. There are no right or wrong answers. Do not spend too much time on any one statement.

- 4** In the past three months in times of worse pain did you use more opioid medicines than prescribed? (This includes use of "as required" medicine if used in greater amounts than prescribed)
- Not at all A little Quite a lot A great deal
- 0** **1** **1** **1**
- 5** In the past three months did opioid medicines cause you to feel slowed down, sluggish or sedated?
- 0** **1** **1** **1**
- 6** In the past three months did opioid medicines cause you to lose interest in your usual activities?
- 0** **1** **1** **1**
- 7** In the past three months did you worry about your use of opioid medicines?
- 0** **1** **1** **1**

A total score of 2 or more over the four items indicates the patient is likely to meet criteria for opioid dependence. Further assessment is warranted.

Please indicate how often you have been bothered by the following problems over the last two weeks. There are no right or wrong answers. Do not spend too much time on any one statement.

- 8** Little interest in doing things
- Not at all Several days More than half days Nearly everyday
- 0** **1** **2** **3**
- 9** Feeling down, depressed or hopeless
- 0** **1** **2** **3**

A total score of 3 or more indicates that the patient could be experiencing depression and/or anxiety. Further assessment is warranted.

10 How many times in the past year have you had 4 (for women) or (5 for men) or more drinks in a day? _____
(a response of 1 or greater is considered positive for risky drinking)

11a Are you experiencing constipation?
If symptoms are current, speak to healthcare professional.

Yes / No

11b If yes: Are you taking any of the following medication or supplements for constipation? (prescribed or OTC)

- | | | |
|--|--|---|
| <input type="checkbox"/> Lactulose / Lacadol | <input type="checkbox"/> Coloxyl and Senna | <input type="checkbox"/> Fibre supplement (e.g. Metamucil, fybogel) |
| <input type="checkbox"/> Movicol | <input type="checkbox"/> Bisalax | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Microlax | <input type="checkbox"/> Normacol | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Coloxyl | <input type="checkbox"/> Nulax | |