Routine Opioid Outcomes Monitoring (ROOM) Tool V1.3 280318

We are asking a few questions to assist with the safe use of opioids for pain. Opioids are strong pain medication such as codeine, tramadol, oxycodone, morphine, or fentanyl.

1 **What number best describes your pain on average over the past 7 days?**

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.

	Not at all	A little	Quite a lot	A great deal
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)	○	○	○	○
5 **In the past three months did opioid medicines cause you to feel slowed down, sluggish or sedated?**	○	○	○	○
6 **In the past three months did opioid medicines cause you to lose interest in your usual activities?**	○	○	○	○
7 **In the past three months did you worry about your use of opioid medicines?**	○	○	○	○

Chronic pain and opioid use can both affect mental health. We want to ask you a few questions to see how you are feeling.

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.

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

10 **How many times in the past year have you had 4 (for women) or (5 for men) or more drinks in a day?** ______
We are asking about your alcohol use because it can interact with your medication.

11a **Are you experiencing constipation?** **Yes / No**
If symptoms are current, speak to healthcare professional.

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

- ☐ Lactulose / Lacdol
- ☐ Movicol
- ☐ Microlax
- ☐ Coloxyl
- ☐ Coloxyl and Senna
- ☐ Bisalax
- ☐ Normacol
- ☐ Nulax
- ☐ Fibre supplement (e.g. Metamucil, fybogel)
- ☐ Unsure
- ☐ Other ____________________