**Key to using Pain Assessment Tool**

Note: This is not a validated tool, but is to be used as a guideline for the user to determine important information to use and communicate to other care team members or on the electronic health record note. It is useful for assessing new patients with which the user has not had any interaction to date. While going through tool contents with the patient, the user may coach or encourage the patient to ‘move up the ladder’ pointing out the incentive that “patients do better with pain control when they … (for example, overcome being shy, to express their needs readily). It’s important not to be heavy-handed, however, but to respect patient choice and get more of a sense of where they really are at present, then goal set.

1. Empowerment Assessment/Augmentation Exercise:
2. Expressing needs: [ ] shy [ ] thinks it’s useless [ ] expects others to guess [ ] not ashamed to do so
3. Is your goal to be pain free? [ ] Yes [ ] Not sure [ ] No . If not Yes, what pain score range can you live with? \_\_\_\_\_
4. If your usual pain meds fail to meet what you expect to get out of them, do you have a plan of action to take it from there? [ ] Yes [ ] Not sure it will work [ ] No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you know where or from whom you can get good information to get you to where you need to be in terms of pain relief? [ ] Yes [ ] Not sure it will be successful [ ] No. (Patient’s information sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
6. If you had a list of over-the-counter medications that could perhaps take care of pain not adequately treated, would you find this useful? [ ] Yes [ ] Not sure [ ] No
7. Do you have a diary or record where you can keep track of what works and doesn’t work, what makes pain better or worse? [ ] Yes [ ] No. Would you like one to try? [ ] Yes [ ] No
8. Are you determined to do whatever it takes to get the challenge of pain under control? [ ] Yes [ ] Not sure [ ] No

Notes on empowerment (1,2): poor pain control, weight control, addiction and lack of success in many areas is closely associated with a sense of disempowerment. This is not identical with disability. There are validated disability scales used regularly in chronic pain, and should be used on a periodic basis. However, augmenting empowerment is crucial to achieving goals of all sizes. This may take different forms: the fact that you are paying attention to this area and asking relevant questions is enlightening and enabling both for the person being cared for and the caregiver. Ways in which a patient can empower themselves is to understand their needs and articulate them honestly, exercise righteous anger against what they perceive to be unjust (don’t discourage this, but work with them to advocate their point of view), become curious, investigate and inventory resources to reach the goal, have a tracking method to recognize and quantify success and failure, have strength of resolve to overcome difficulties, and celebrate successes. The caregiver should understand these elements and enable ‘kicking the ball in the right direction’, no matter where the ball may be on the field.

1. Initiative (Active/Passive Balance): What best describes you and your philosophy?
2. I will only take what my doctor orders for me, or someone like him who knows way more than me about treating pain and how to treat it. [ ]
3. I like learning more about my pain, how to treat it, but I think there is a lot more I need to do and to understand. [ ]
4. I can work well with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to reach my treatment goals. [ ]
5. I research as much as I can, like on the internet, in magazines, or even reference material. Sometimes I’m able to bring in new information that my doctor might not have known about, and that makes me feel good and in charge of my health. Sometimes I get lost in the weeds doing this, and like when I can meet up with someone who can help me have better insight. [ ]

Notes on initiative (active/passive balance, also termed activation in the literature) (3,4): this is just a way of estimating what relationship a person has with information and other information-bearing resources. Time is best spent on people in the first three categories, advancing them from a) to b) or c). Category d) folks feel the need to do their own research, and allow them to check in when they are need to have their quality of information aligned with evidence base. Sometimes this type of individual can be argumentative, and feel they know more than the caregiver. It is best not to spend excessive time engaging this, but re-direct to alternative information sources for them to research and hopefully come to a more beneficial conclusion, e.g. ‘you may want to check out … ‘, or ‘would you like me to email you a link or two you might enjoy reading about …?’ We evaluated a well-known validated tool, but found in the assumptions that the person administrating the tool needed to be relatively unknown to the patient. This is difficult to achieve in real practice and was not used in the demonstration project.

1. Motivation
2. Contemplation – “I may” in the next 6 months or so [ ]
3. Preparation – “I will” in the next month or so [ ]
4. Action – “I am” – for one day up to six months [ ]
5. Maintenance – “I have been” – for six months or more [ ]

This is textbook material for motivational interviewing, and should be used in a loose, general sense to be useful. (5) The best way of determining high quality information in this area is to build rapport first, so that the patient does not sense you are categorizing them or judging them. You may be able to determine this information from experience or from the medical record, but it is important to affirm them for whatever stage they are at, then goal set and encourage on to the next stage.

1. Location(s) of Pain:
2. Quality of Pain: [ ] sharp [ ] dull

[ ] prickly [ ] flat [ ] burning

[ ] stabbing [ ] pulsing [ ] constant

[ ] random [ ] predictable

1. Intensity of Pain: (0 – 10 visual analog scale): \_\_\_\_\_ now, ranges from \_\_\_\_ to \_\_\_\_\_; cf goal range \_\_\_to\_\_\_

Notes on pain assessment: these are standard metrics, and useful for determining if there are inconsistencies in previous reporting to other caregivers, and for determining the most appropriate evidence based (pharmaco)therapy. Sometimes this section can be completed first if the conversation goes in this direction first naturally.

1. Labs: Mg: \_\_\_ \_\_/\_\_/\_\_ Fe: \_\_\_ \_\_/\_\_/\_\_ Vitamin D: \_\_\_\_\_\_ \_\_/\_\_/\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Watch out for insurance coverage! Some extra thinking may be involved to make this work. Magnesium levels are important for nerve and bone health, migraine status, and muscle spasms. Several common medications undermine magnesium status, and is easily corrected by Epsom salt baths (3 x weekly full bath, once daily foot/ankle bath). Iron deficiency leads weakness and pain in weight-bearing joints, vitamin D deficiency has a wide swath of metabolic and bone strength effects which can undermine pain status.

1. Other: (watch for sleep, smoking, gut health, disease management status!)

References:

1. Boveldt, N, Vernooij-Dassen, M, Leppink, I, Samwel H, Vissers K, Engels, Y, Patient empowerment in cancer pain management: an integrative literature review, J Psych Soc Behav Dimensions of Cancer, DOI 10.1002/pon.3573, first published 5/12/14.
2. Funnel MM, Anderson RM, Empowerment and Self-Management of Diabetes, Clinical Diabetes, 2004 Jul;22(3): 123-127. See <http://clinical.diabetesjournals.org/content/22/3/123>.
3. Hallman M, Patient Activation: Engaging Low-Activated Patients, Previa Health Health Manager Conference, Green Bay WI, 8/28/11, see <http://info.phytel.com/rs/phytel/images/Hallman_CMC_final.pdf>
4. See also Patient Activation Tool, Insignia Health, <http://www.insigniahealth.com/products/pam-survey>, last accessed 3/11/17
5. Stelter NA, Didonato KL, Health Coaching In: Murphy JE, Lee MW eds. Pharmacotherapy Self-Assessment Program, 205 Book 2. CNS/Pharmacy Practice. Lenexa, KS: American College of Clinical Pharfmacy, 2015:31-8.