

Preoperative Pain Management Screening Questions

Here are some examples of questions that may be used to elicit key information about the patient's past experiences, current medications, risk factors for opioid misuse, and pain management preferences. As always, clinicians should apply professional judgment and current clinical guidelines when using any decision-supporting tool.

PAST EXPERIENCES WITH PAIN MEDICATIONS

1. Have you ever had any negative side effects or bad experiences with pain medications (such as opioids, NSAIDs, or acetaminophen)?
2. Which pain medications have worked well for you in the past?
3. Were there any pain medications that didn't work or didn't control your pain effectively?
4. Have you ever experienced nausea, constipation, itching, or confusion from pain medications?
5. Have you ever had an allergic reaction to any pain medication? If so, which one and what was the reaction?

CURRENT AND PAST MEDICATION USE

6. Are you currently taking any pain medications, either prescribed or over-the-counter?
7. Have you used opioid pain medications in the past 12 months? If yes, how often and for what condition?
8. Do you take any medications for anxiety, sleep, depression, or substance use (e.g., benzodiazepines, gabapentin, buprenorphine)?
9. Do you use any herbal supplements, cannabis, or other substances to manage pain?

PAST SURGERY OR TRAUMA-RELATED PAIN

10. After past surgeries or injuries, how was your pain managed? Was that approach effective?
11. How did you tolerate pain medications after previous procedures?
12. Did you need to refill pain medications after a past surgery? If so, how many times?

PAIN TOLERANCE AND EXPECTATIONS

13. On a scale of 1 to 10, how would you rate your ability to tolerate pain?
14. What is your biggest concern when it comes to managing pain after surgery?
15. Do you prefer to avoid certain medications, such as opioids, even if it means tolerating some pain?
16. What is your goal for pain control after surgery: full relief, or manageable pain that allows you to function?

RISK FACTORS FOR OPIOID MISUSE OR DEPENDENCE

17. Have you ever been diagnosed with a substance use disorder or struggled with addiction (including alcohol or drugs)?
18. Has anyone in your family had a history of substance abuse or dependence?
19. Have you ever taken more pain medication than prescribed or used someone else's pain medicine?
20. Do you currently participate in a medication-assisted treatment program (e.g., methadone, Suboxone)?

FUNCTIONAL AND PSYCHOSOCIAL CONSIDERATIONS

21. How do you usually manage pain when you experience it in everyday life?
22. Are you worried about being able to function (walk, sleep, work, care for family) while recovering from surgery?
23. Do you have a support system at home to help with your recovery and pain management?

LOGISTICS AND SAFETY

24. Will you have access to a pharmacy after your surgery to fill any prescriptions?
25. Are you concerned about having pain medications in your home around children or others who might misuse them?
26. Do you have a history of constipation or bowel problems that could be worsened by pain medications?
27. Do you use a CPAP machine or have a history of sleep apnea, which might affect how we manage pain medications?