

**Table: Monitoring Four Domains of Outcomes During Opioid Therapy**

<b>Domain</b>	<b>Approaches</b>	<b>Comments</b>
Pain relief	Repeated use of a self-report measure: verbal rating scale (“none,” “mild,” “moderate,” “severe,”), numeric scale (“0 to 10, where ‘0’ = no pain and ‘10’ = worse possible pain”), or visual analogue scale (10 cm line anchored by “no pain” and “worst possible pain”)	The choice of measure is less important than repeated use of the same one. The numeric scale probably is the most commonly used. The patient’s responses should be documented at each visit.
Side effects	Although symptom assessment scales exist, there are no validated measures specific to opioid toxicity, and most practitioners rely on a clinical assessment. An open-ended question about side effects is the minimum	Patient’s responses should be documented at each visit.
Functioning	Both physical and psychosocial functioning are of interest. There are many validated measures but most practitioners rely on clinical assessment. There should be specific questions about areas of function that are identified as warranting re-evaluation (e.g., physical activity, “up-time,” mood, sexual functioning, ability to work, family interactions, social interactions, etc).	Patient’s responses should be documented at each visit
Drug-related behavior	Monitoring should assess the occurrence of any problematic drug-related behavior and the degree to which the patient adheres to therapeutic instructions.	See LMA entitled <b>Risk Assessment and Management Strategies</b>