

**Title of the Project: An Evaluation of the Effect of Community-based Pharmacist Intervention on Patients with Chronic Pain**

**Data Collection Item Detail**

**Pharmacist data for each patient (sections completed at times indicated in matrix)**

**Participant ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Patient Demographics**

**Age:** \_\_\_\_\_

**Sex (specify):** \_\_\_\_\_

**Marital status:**

1. Married/Stable relationship      2. Single      3. Widowed      4. Divorced

**Highest level of education completed:**

1. None      2. Elementary school      3. High School  
4. Technical/college/university      5. Graduate/professional education

**Employment status:**

1. Employed      2. Unemployed      3. Retired      4. Other (specify)

**After tax Income**

1. <\$20,000      2. \$20,000-\$80,000      3. >\$80,000

**Medication coverage (all that apply)**

1. Private/employment drug plan      2. ODB      3. Self-pay

**Chronic Pain and Treatment History**

**Types of chronic pain:**

1. Nociceptive      2. Neuropathic      3. Mixed      4. Unclear      5. Other

How long has patient suffered chronic pain (in years)? \_\_\_\_\_

Specify Diagnosis: 1. \_\_\_\_\_ 2. Unclear/unknown

**Past medications for chronic pain:**

Name or type of each \_\_\_\_\_

Reason for stopping (REPEAT x 5 medications)

1. Ineffective      2. Too expensive      3. Side-effects      4. Other

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Non-pharmacologic treatments in current use:

1. Physiotherapy
2. Exercise
3. Acupuncture
4. Surgery
5. Relaxation therapy
6. Chiropractor
7. Other

Indicate the effectiveness of each non-pharmacological treatment in current use:

1. Effective
2. Minimally effective
3. Ineffective
4. Harmful
5. Other

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**Current Medications for Pain**

List name, daily dose, schedule (regular/prn):

**Other Medical Conditions**

List:

**Other Medications in Current Use**

List

**History of Substance Use**

For each substance listed below:

1. Ever used (tried even once): yes/no
2. Current use: yes/no
3. Use ever a problem for patient: yes/no
4. Current problem for patient: yes/no
5. Pharmacist comments:

Nicotine, alcohol, cannabis, heroin, other non-prescribed opioids, cocaine, hallucinogens, inhalants, non-prescribed amphetamines, non-prescribed methylphenidate, non-prescribed sedatives, other (specify)

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Standard measure

Brief Pain Inventory (BPI)

Standard measure

Short Form-36 (SF-36)

Standard measure

8-Item Morisky Medication Adherence Scale (MMAS-8)

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**Care Plan Recommendations**

Provide free text description for each recommendation

Categorize each recommendation:

1. Medication-related
2. Referral
3. Education
4. Other

For each medication-related recommendation indicate:

1. Dose increase
2. Dose decrease
3. Schedule change
4. Reduced quantities
5. Observed dosing
6. Drug change
7. Drug discontinuation
8. Other

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**Recommendations Acceptance**

For each recommendation indicate:

Patient acceptance/rejection

Physician acceptance/rejection

Still under consideration

Modified recommendation – describe

**Pain Treatment Changes**

For each pain-related medication change since the last visit, indicate all that apply and specify:

Medication involved: \_\_\_\_\_ Time since change made: \_\_\_\_\_

1. Dose increase    2. Dose decrease    3. Schedule change    4. Reduced quantities  
5. Observed dosing    6. Drug discontinuation    7. Other

For each new pain-related medication, complete the following:

New medication: \_\_\_\_\_ Time since started (days): \_\_\_\_\_

Total daily dose: \_\_\_\_\_ Schedule: \_\_\_\_\_

type (regular/prn): \_\_\_\_\_

New medication: \_\_\_\_\_ Time since started (days): \_\_\_\_\_

Total daily dose: \_\_\_\_\_ Schedule: \_\_\_\_\_

type (regular/prn): \_\_\_\_\_

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Total daily dose: \_\_\_\_\_ Schedule: \_\_\_\_\_

type (regular/prn): \_\_\_\_\_

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New medication: \_\_\_\_\_ Time since started (days): \_\_\_\_\_

Total daily dose: \_\_\_\_\_ Schedule: \_\_\_\_\_

type (regular/prn): \_\_\_\_\_

For the changes of each non-pharmacological treatment, indicate all that apply:

Type of treatment: \_\_\_\_\_ Time since started (days): \_\_\_\_\_

- |                                |  |
|--------------------------------|--|
| 1. Started – effective         | 2. Started - effectiveness unclear         |
| 3. Changed regimen – effective | 4. Changed regimen - effectiveness unclear |
| 5. Stopped – ineffective       | 6. Stopped – too expensive                 |
| 7. Stopped – side effects      | 8. Other                                   |

Type of treatment: \_\_\_\_\_ Time since started (days): \_\_\_\_\_

- |                                |  |
|--------------------------------|--|
| 1. Started – effective         | 2. Started - effectiveness unclear         |
| 3. Changed regimen – effective | 4. Changed regimen - effectiveness unclear |
| 5. Stopped – ineffective       | 6. Stopped – too expensive                 |
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