

## Prescribed Opioids Difficulties Scale (PODS) Purpose & Scoring

### **Purpose of this instrument and the study in which it was developed**

The intent of these scales is to identify patient problems and concerns attributed to use of opioids, not as a screening scale to identify problem patients

In the instrument development study we assessed patients' difficulties with chronic opioid therapy and found two types of difficulties: Opioid Control Concerns and Psychosocial Problems. The patient-centered approach of the 15-item instrument is unique in both its perspective and potential uses. This scale elicits patients' own experiences with opioids, rather than focusing on aberrant behaviors which can create a pejorative or adversarial interaction. We believe the instrument can provide value in the clinical setting by informing and guiding a more neutral and constructive dialogue between provider and patient about potential problems with opioids.

### **Item and scale scoring**

In order to assign equal weight to each item, the maximum score for each item was 4 and the minimum score was 0.

A cutpoint of 8 was selected as a medium score level and 16 as a high score. These scores generally correspond to endorsing 2 and 4 items respectively. These cutpoints were used for the sub-scales as well as the combined scale.

Scale scores and cutpoints are presented as a way to summarize the frequency of different levels of problems and concerns. The recommended cut-points are offered for circumstances in which it is useful to report grouped data, not as thresholds for identifying patients with abnormal results.

The development of the instrument is described in this article:

Banta-Green, C.J., Von Korff, M., Sullivan, M., Merrill, J.O., Doyle, S., and Saunders, K. (2010). *The Prescribed Opioids Difficulties Scale: A Patient-Centered Assessment of Problems and Concerns*. Clin J Pain. 26: 489-97. DOI: 10.1097/AJP.0b013e3181e103d9

The characteristics of patients by PODS scores are described in this article:

Sullivan, M.D., Von Korff, M., Banta-Green, C., Merrill, J.O., Saunders, K. (2010). *Problems and concerns of patients receiving chronic opioid therapy for chronic non-cancer pain*. Pain 149: 345-53. DOI:10.1016/j.pain.2010.02.037

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## Prescribed Opioids Difficulties Scale (PODS)

### Problems scale items

\*1. [In the past 2 weeks] Opiate medicines have caused me to lose interest in my usual activities.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*2. [In the past 2 weeks] Opiate medicines have caused me to have trouble concentrating or remembering.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*3. [In the past 2 weeks] Opiate medicines have caused me to feel slowed down, sluggish or sedated.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*4. [In the past 2 weeks] Opiate pain medications have caused me to feel depressed, down, or anxious.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

5. [In the past 2 weeks] How often have side effects of opiate medicine interfered with your work, family or social responsibilities?

Never(0) Rarely(1) Sometimes(2) Often(3) Always or Almost Every Day(4)

6. [In the past 2 weeks] How often did opiate medicine make it hard for you to think clearly?

Never(0) Rarely(1) Sometimes(2) Often(3) Always or Almost Every Day(4)

7. In the past year, about how many times did opiate medicines make you sleepy or less alert when you were driving, operating machinery or doing something else where you needed to be alert?

Never(0) Once or Twice(2) Three or More Times(4)

8. Considering the side effects of opiate medicines you experienced in the past month, how bothersome were these side effects?

Not at All Bothersome(0) A Little Bothersome(1) Moderately Bothersome(2)  
Very Bothersome(3) Extremely Bothersome(4)

*\* Items marked with an asterisk are scored with Agree/Strongly Agree assigned a 4 and all other responses assigned a 0 for the recoded version of the scale*

### **Concerns scale items**

\*9. [In the past 2 weeks] I have been preoccupied with or thought constantly about use of opiate pain medicines.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*10. In the past year, I have felt that I could not control how much or how often I used opiate medicine.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*11. [In the past year] I have needed to use a higher dose of opiate pain medicine to get the same effect.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*12. [In the past year] I have worried that I might be dependent on or addicted to opiate pain medicines.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*13. [In the past year] I have wanted to stop using opiate pain medicines or to cut down on the amount of opiate medicines that I use.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*14. In the past year, opiate medicines have caused me to have problems with family, friends or co-workers.

Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

\*15. [In the past year] Family or friends have thought that I may be dependent on or addicted to opiate pain medicines.

Strongly Disagree(1) Disagree(2) Neutral(3) Agree(4) Strongly Agree(5)

### **Asked but not scored**

16. Over the past month, how helpful have you found opiate pain medicines in relieving your pain.

Not at all helpful A little helpful Moderately helpful Very helpful Extremely helpful

*\* Items marked with an asterisk are scored with Agree/Strongly Agree assigned a 4 and all other responses assigned a 0 for the recoded version of the instrument.*