



Accurate Clinic

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www.AccurateClinic.com

(This is _____, calling from Accurate Clinic. This is not an emergency, there are no problems. As you know, <<Patients::PatientName>> is a patient here and they have given us permission to contact you to gather information about their daily functioning. Has <<Patients::PatientName>> told you about us calling you? - if not, we will call back...

Interviewed: First Name: _____ **Last Name:** _____ **relationship with pt:**
Phone: _____ **Dates attempts made:** _____

- 1. How are <<Patients::PatientName>>'s employment, domestic and social activities compromised by their pain when they do not take their pain medications?**

- 2. How are <<Patients::PatientName>>'s employment, domestic and social activities improved when they do take their pain medications?**

- 3. Has <<Patients::PatientName>> ever had the need to cut down on their use of pain medications because they were overusing them?**

- 4. Has <<Patients::PatientName>> ever been annoyed by friends or family members comments about their overuse of their pain medications?**

- 5. Has <<Patients::PatientName>> ever felt embarrassed or guilty about things they did while under the influence of their pain medications?**

- 6. Do you have concerns regarding <<Patients::PatientName>>'s use of alcohol while taking pain medications?**