



Veteran/Military Specific Assessment Questions

Combat and Service-Related Experiences

- **Have you experienced any injuries or trauma related to your military service?**
(Purpose: Identify specific incidents that may contribute to chronic pain or psychological conditions.)
- **Were you ever exposed to combat or other high-stress environments during your military service?**
(Purpose: Understand potential sources of PTSD, anxiety, moral injury, or pain.)

Pain and Functional Impact

- **On a scale of 0-10, how would you rate your current pain? How does this pain affect your daily activities (eg, walking, sleeping, working)?**
(Purpose: Assess the intensity of pain and its impact on daily functioning.)
- **How often do you experience pain, and what triggers or relieves it?**
(Purpose: Determine the frequency and triggers of pain episodes to tailor treatment.)

Substance Use and Misuse

- **Have you ever been prescribed opioids or other pain medications? If yes, how effective were they in managing your pain? Did you experience any side effects or concerns?**
(Purpose: Understand previous exposure to opioids, their effectiveness, and any issues related to their use.)
- **Have you ever felt that you needed to use more medication than prescribed to control your pain?**
(Purpose: Screen for potential misuse or dependency on pain medications.)

Mental Health and Comorbidities

- **Have you ever been diagnosed with PTSD, depression, anxiety, or other mental health conditions? If so, are these conditions being treated currently?**
(Purpose: Identify co-occurring mental health issues that may influence pain management.)
- **Do you feel that your pain or use of medication is affecting your mood or mental health?**
(Purpose: Assess the interplay among chronic pain, medication use, and mental health.)

Patient Preferences and Goals

- **What are your primary goals for managing your pain? Are there specific activities you want to return to or maintain?**
(Purpose: Focus on patient-centered care by understanding the patient's personal goals and treatment priorities.)
- **Are there particular treatments or therapies you have tried or are interested in trying for pain management (eg, physical therapy, acupuncture, cognitive behavioral therapy)?**
(Purpose: Assess patient openness to various treatment modalities and willingness to engage in non-pharmacologic interventions.)

Risk Factors and Safety Concerns

- **Are you currently taking any other medications, including over-the-counter drugs or supplements?**
(Purpose: Evaluate potential drug interactions and ensure safe prescribing practices.)
- **Do you have any concerns about the risks associated with opioid use or other pain management strategies?**
(Purpose: Understand patient concerns and educate about safe medication practices.)

Support and Resources

- **Do you have access to social support, such as family, friends, or veteran support groups?**
(Purpose: Gauge social support availability, which is essential for holistic pain management.)
- **Have you experienced any difficulties accessing healthcare services through the VA or DoD healthcare systems?**
(Purpose: Identify barriers to care that may affect the patient's ability to receive timely and appropriate treatment.)