

Becker WC, Fiellin DA, Black AC, Kostovich CT, Kerns RD, Fraenkel L. Initial development of patient-reported instrument assessing harm, efficacy, and misuse of long-term opioid therapy. *J Rehabil Res Dev.* 2016;53(1):xx-xx.
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Appendix 1. Expert panel item rating results, sorted by median response value within category.

Item*	Median Response Value	Panelists rating a 1-3 n (%)	Panelists rating a 4-6 n (%)	Panelists rating a 7-9 n (%)
Harm-related items (47 raters)				
Have you felt sleepy or less alert when driving or operating machinery?	9	2 (4.3)	5 (10.6)	40 (85.1)
Have side effects of opiate medicine interfered with your work, family, or social responsibilities?	8	3 (6.4)	3 (6.4)	41 (87.2)
Have you had thoughts of hurting yourself?	8	4 (8.5)	4 (8.5)	39 (83.0)
Have you fallen?	8	2 (4.3)	9 (19.1)	36 (76.6)
Have you felt depressed?	8	4 (8.5)	7 (14.9)	36 (76.6)
Have you been bothered by side effects of opiate medicines?	8	3 (6.4)	9 (19.1)	35 (74.5)
Have you felt sedated?	8	6 (12.8)	6 (12.8)	35 (74.5)
Have you been in a car accident with you as the driver?	8	5 (10.6)	8 (17.0)	34 (72.3)
Have you been bothered by constipation?	7	2 (4.3)	9 (19.1)	36 (76.6)
Have you been bothered by feelings of dizziness?	7	4 (8.5)	14 (29.8)	29 (61.7)
Have you had trouble thinking clearly?	7	3 (6.4)	16 (34.0)	28 (59.6)
Have you had trouble concentrating?	7	5 (10.6)	14 (29.8)	28 (59.6)
Have you felt anxious?	7	5 (10.6)	15 (31.9)	27 (57.4)
Have you felt down?	7	9 (19.1)	11 (23.4)	27 (57.4)
Have you had trouble remembering?	7	3 (6.4)	19 (40.4)	25 (53.2)
Have you felt sluggish?	7	5 (10.6)	18 (38.3)	24 (51.1)
Have you lost interest in activities?	6	6 (12.8)	18 (38.3)	23 (48.9)
Have you been bothered by straining or squeezing to try to pass bowel movements?	6	7 (14.9)	17 (36.2)	23 (48.9)
Have you been bothered by hard stools?	6	6 (12.8)	19 (40.4)	22 (46.8)
Have you felt slowed down?	6	6 (12.8)	21 (44.7)	20 (42.6)
Have you been bothered by vomiting?	6	9 (19.1)	21 (44.7)	17 (36.2)
Have you been bothered by nausea?	6	7 (14.9)	24 (51.1)	16 (34.0)

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Have you been bothered by itchy skin?	6	10 (21.3)	23 (48.9)	14 (29.8)
Have you been bothered by sweating?	5	11 (23.4)	24 (51.1)	12 (25.5)
Efficacy-related items (46 raters)				
Have opiate medicines been helpful in relieving your pain?	8	3 (6.5)	5 (10.9)	38 (82.6)
Did pain interfere with your day to day activities?	8	4 (8.7)	5 (10.9)	37 (80.4)
Is the amount of pain relief you are obtaining from your current pain reliever(s) enough to make a real difference in your life?	8	5 (10.9)	6 (13.0)	35 (76.1)
Have you been disabled by pain (unable to work or participate fully in activities)?	8	6 (13)	7 (15.2)	33 (71.7)
Has your pain been adequately treated?	7	3 (6.5)	10 (21.7)	33 (71.7)
Did pain interfere with your enjoyment of life?	7	4 (8.7)	10 (21.7)	32 (69.6)
Did you feel emotionally tense because of pain?	7	4 (8.7)	16 (34.8)	26 (56.5)
Misuse-related items (46 raters)				
Did you use alcohol to help relieve some of the pain?	9	0 (0.0)	5 (10.9)	41 (89.1)
Were you given pain medications from more than one clinic?	9	1 (2.2)	4 (8.7)	41 (89.1)
Have you run out of pain medication early and had to call for refills?	9	2 (4.3)	3 (6.5)	41 (89.1)
Have you had to go to someone other than your prescribing physician to get sufficient pain relief from your medications (ie, another doctor, the Emergency Room)?	9	1 (2.2)	5 (10.9)	40 (87.0)
Have you had to buy pain medications on the street?	9	2 (4.3)	4 (8.7)	40 (87.0)
Have you taken your medications differently from how they are prescribed? **	9	1 (2.2)	6 (13.0)	39 (84.8)
Have you needed to take pain medications belonging to someone else?	9	2 (4.3)	5 (10.9)	39 (84.8)
Have you gone to other physicians including emergency room doctors, seeking more of your pain medication?	9	2 (4.3)	5 (10.9)	39 (84.8)
Have you felt that you could not control how much or how often you used opiate medicine?	9	2 (4.3)	7 (15.2)	37 (80.4)
Have you needed to take pain medication more often than it is prescribed in order to relieve your pain?	9	3 (6.5)	6 (13.0)	37 (80.4)
Have family members or friends obtained pain medications for you?	8	2 (4.3)	7 (15.2)	37 (80.4)
Have you used the pain medications to help other symptoms such as problems sleeping?	8	2 (4.3)	7 (15.2)	37 (80.4)

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Did you take your pain medication to relieve or cope with problems other than pain?	8	1 (2.2)	9 (19.6)	36 (78.3)
Have you wanted to stop using opiate pain medicines or to cut down on the amount of opiate medicines that you use?	8	1 (2.2)	9 (19.6)	36 (78.3)
Have you been worried that you might be dependent on or addicted to opiate pain medicines?	8	0 (0.0)	11 (23.9)	35 (76.1)
Have you used the pain medications to help other symptoms such as anxiety?	8	1 (2.2)	10 (21.7)	35 (76.1)
Have opiate medicines caused you to have problems with family, friends, or coworkers?	8	2 (4.3)	9 (19.6)	35 (76.1)
Have you been preoccupied with or thought constantly about use of opiate pain medicines?	8	3 (6.5)	8 (17.4)	35 (76.1)
Did you feel high or get a buzz after using your pain medication?	8	3 (6.5)	9 (19.6)	34 (73.9)
Have you lost your pain medications and needed them replaced?	8	3 (6.5)	9 (19.6)	34 (73.9)
Have others been worried about how you're handling your medications?	8	2 (4.3)	11 (23.9)	33 (71.7)
Have you had to visit the Emergency Room?	8	4 (8.7)	9 (19.6)	33 (71.7)
Have you used the pain medications to help other symptoms such as depression?	8	1 (2.2)	13 (28.3)	32 (69.6)
Are you worried about how you're handling your medications?	8	1 (2.2)	13 (28.3)	32 (69.6)
Have others complained that you are not doing things that need to be done, such as going to class, work, or appointments?***	8	3 (6.5)	11 (23.9)	32 (69.6)
Is anyone in your family or among your friends concerned that you might be addicted to pain medications?	7	3 (6.5)	9 (19.6)	34 (73.9)
Have you needed to use a higher dose of opiate pain medicine to get the same effect?	7	2 (4.3)	11 (23.9)	33 (71.7)
Have you had to increase the amount of pain medications you take?	7	3 (6.5)	11 (23.9)	32 (69.6)
Have you save up unused medications in case you might need them in the future?	7	1 (2.2)	14 (30.4)	31 (67.4)
Have you had trouble controlling your anger (eg, road rage, screaming, etc)?	7	2 (4.3)	15 (32.6)	29 (63)
Have you had to make an emergency phone call or show up at the clinic without an appointment?	7	3 (6.5)	14 (30.4)	29 (63.0)
Have you asked for an increase your prescribed dosage of pain medication in order to get relief?	7	4 (8.7)	13 (28.3)	29 (63.0)
Did you take your pain medication because you were upset?	7	1 (2.2)	18 (39.1)	27 (58.7)
Have you thought certain pain medications (such as Vicodin, codeine, or Percocet)	7	4 (8.7)	18 (39.1)	24 (52.2)

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work better for you and you prefer to take them and not others?				
Do you believe you would feel better with a higher dosage of your pain medication?	6	5 (10.9)	17 (37)	24 (52.2)
Have you found it helpful to call your doctor or clinic to talk about how your pain medication is working?	6	5 (10.9)	17 (37)	24 (52.2)
Do you believe you are receiving enough medication to relieve your pain?	6	7 (15.2)	17 (37)	22 (47.8)
Have you been in an argument?	6	11 (23.9)	18 (39.1)	17 (37)

*highly-rated items shaded

**highly-rated item for which permission to use was denied