

Breakthrough Cancer Pain Conversation Card

Give a voice to your pain

Please complete this questionnaire and bring it with you to your next appointment.

If you're experiencing breakthrough cancer pain, it is important that your doctor understands exactly what you're going through so you can get the right treatment. To ensure you have a meaningful discussion at your next appointment, please fill out this brief questionnaire and bring it with you. You can use the example responses if they accurately reflect your experiences, or fill in your own.

- 1 I am already taking _____, but have breakthrough cancer pain**
Please fill in the medication(s) you are already taking for underlying cancer pain
- 2 I take my around-the-clock opioid medication(s) _____ times per day**
Please enter number of times
- 3 My breakthrough cancer pain makes me feel _____**
Examples: angry, depressed, frustrated, exhausted, resentful, [other]
- 4 My breakthrough cancer pain is _____**
Examples: sharp, stabbing, unexpected, unpredictable, [other]
- 5 My breakthrough cancer pain usually occurs _____**
Examples: in the morning, in the afternoon, in the evening, at night, [other]
- 6 I usually feel breakthrough cancer pain in my _____**
Examples: head, chest, back, arms, legs, shoulders, [other]
- 7 I have breakthrough cancer pain _____ times per day**
Enter the number of times
- 8 When I have breakthrough cancer pain, I find it difficult to _____**
Examples: eat, sleep, look after children/grandchildren, work, [other]
- 9 Once it starts, my breakthrough cancer pain typically lasts _____ minutes or _____ hours**
Enter number of minutes or hours
- 10 My breakthrough cancer pain usually becomes _____ over time**
Indicate better, worse, or stays the same

Get the help you need. Whether you're being treated by a pain specialist, oncologist, or other doctor for your underlying cancer pain, use this questionnaire to make sure your healthcare provider understands how breakthrough cancer pain is affecting your life.