

## Resource: The Numerical Opioid Side Effect (NOSE) Assessment Tool

1. Nausea, vomiting, and/or lack of appetite

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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2. Fatigue, sleepiness, trouble concentrating, hallucinations, and/or drowsiness/somnolence

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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3. Constipation

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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4. Itching

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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5. Decreased sexual desire/function and/or diminished libido

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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6. Dry mouth

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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7. Abdominal pain or discomfort/cramping or bloating

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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8. Sweating

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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9. Headache and/or dizziness

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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10. Urinary retention

Not present	0	1	2	3	4	5	6	7	8	9	10	As bad as you can imagine
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