

The National Pain Audit: Follow-up Questionnaire



THE BRITISH PAIN SOCIETY

About six months ago you visited a specialist NHS pain service. You may remember that you agreed that we could send you a follow up questionnaire. Please can you fill in this questionnaire and return it using the provided pre-paid envelope.

The purpose of these questionnaires is to help the NHS measure and improve the quality of care for all patients suffering with chronic pain. Thank you for your help.

Can I change my mind?

Yes. You can choose to remove your details at any time up until the data is analysed and the annual report produced. If you wish to withdraw your participation you can do so by contacting us on the telephone, email or postal addresses below. Withdrawing your participation will not affect your medical or legal rights.

Email: painaudit@drfoster.co.uk **Write:** National Pain Audit, Dr Foster Ltd, 12 Smithfield Street, London, EC1A 9LA
Telephone: 0207 332 8872

The National Pain Audit: Patient Questionnaire

EuroQol Group-EQ-5D™: Page 1

By placing a mark in one box in each group below, please indicate which statements best describes your own health state **today**:

1. Mobility

I have no problems in walking about

I have some problems in walking about

I am confined to bed

2. Self-care

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

3. Usual Activities (eg. work, study, housework, family or leisure activities)

I have no problem with performing my usual activities

I have some problems with performing my usual activities

I am unable to perform my usual activities

4. Pain / Discomfort

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

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EuroQol Group-EQ-5D™: Page 2

5. Anxiety / Depression

I am not anxious or depressed

I am moderately anxious or depressed

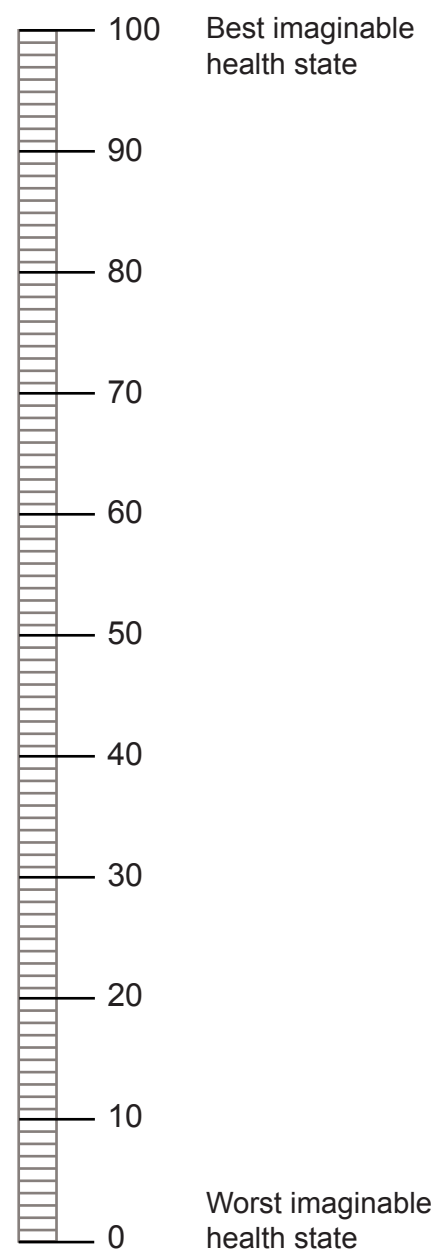
I am extremely anxious or depressed

Overall health state

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion.

Please do this by marking a line at whichever point on the scale indicates how good or bad your health state is today.



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1. Does your pain prevent you from working or seeking work?

Yes No Not applicable

2. If you are in work, have you had to reduce your hours due to your pain?

Yes No Not applicable

3. Please indicate the type of advice provided by your NHS pain service on how to manage your pain:

Information leaflets

Information session(s)

Verbal advice from your clinician

Self Help guide

Online resource e.g. website

Other

I did not receive any information

4. Please indicate how useful you found this information by marking the appropriate box below

1. Poor	2. Satisfactory	3. Good	4. Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Were you offered help from your NHS pain service to cope with your pain?
(please tick the appropriate options)

Telephone advice

Group support session(s)

Other

Was not offered additional support

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6. What treatments did you receive from your NHS pain service?
(please tick the appropriate options)

- | | |
|------------------------------------------------|--------------------------|
| Complementary therapy such as acupuncture | <input type="checkbox"/> |
| Neurostimulation with a machine such as a Tens | <input type="checkbox"/> |
| Psychology | <input type="checkbox"/> |
| Injections | <input type="checkbox"/> |
| Physiotherapy | <input type="checkbox"/> |
| Help with improving fitness | <input type="checkbox"/> |
| Advice on medication | <input type="checkbox"/> |
| Pain Management course (programme) | <input type="checkbox"/> |

7. Do you feel that you were given adequate information about the risks of the treatments offered? Please mark the appropriate box below.

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Poor | 2. Satisfactory | 3. Good | 4. Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Do you feel that you were given adequate information about the benefits of the treatments offered? Please mark the appropriate box below.

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Poor | 2. Satisfactory | 3. Good | 4. Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. How satisfied were you with your involvement in planning your treatment?
Please mark the appropriate box below

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Poor | 2. Satisfactory | 3. Good | 4. Excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Do you feel the pain service helped you to understand and manage your pain better?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

11. Did any treatment started by your NHS pain management facility lead to an unexpected admission to hospital within 48 hours?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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12. Due to your pain have you received medical treatment within the NHS, but outside of the pain clinic, in the last 6 months?

Yes No Not applicable

13. **If YES**, did this visit include a visit or visits to (please tick any appropriate options)

General Practice (GP)

Hospital A&E department

Other

13.1 **If YES**, please state the total number of these visits

1-3

4-6

7-9

10+

Thank you for your assistance.

Please return this questionnaire in the envelope provided.

You do not have to use a stamp – the postage is already paid