

# The National Pain Audit:

## Initial Patient Questionnaire

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### Consent Form

The purpose of collecting information in this questionnaire is to find out about the quality of care you receive from your healthcare provider. To make sure that the information we collect is useful we need to collect your personal details so that we can send you a follow up questionnaire in 6 months' time and to access information held about you in other NHS databases. To do this we need your consent.

Reports published from this audit will not contain the personal details of patients and data will be anonymised.

Please read the following statements carefully. If you agree with them please sign and date this form, below.

**I agree** that my personal details and relevant health information related to this consultation will be held and used by the British Pain Society and Dr Foster Ltd.

**I agree** that my personal details will only be used to send me a follow up questionnaire in 6 months' time.

**I agree** that my personal details and health information can be held and used by third party organisations, working on behalf of the British Pain Society and Dr Foster Ltd for this project.

**I understand** that my personal information will not be released by the British Pain Society and Dr Foster Ltd or third party organisations working on its behalf, unless required by law or where there is a clear overriding public interest.

**I understand** that I can withdraw the information I give the NHS in these questionnaires upon request, up to the point at which the data are analysed **and personal details removed**.

Please complete these details

First name

Surname

Signature

Date



THE BRITISH PAIN SOCIETY

# The National Pain Audit: Patient Questionnaire

## Patient information

### **What is this questionnaire for?**

The purpose of this questionnaire is to collect information about the quality of care you receive from your healthcare provider. This information will help us to measure and improve the quality of care provided by specialist pain services. All published reports will be anonymised and will not contain any personal details of patients.

### **Why have I been invited to complete this questionnaire?**

All patients booked for an initial consultation with a NHS specialist pain facility are invited to complete this questionnaire and a follow up questionnaire in six months' time.

### **Do I have to give my consent to participate?**

Yes. We need your consent for your personal details to be used. Your personal details will be used to send you a follow up questionnaire in six months' time.

### **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 at the bottom of this page. Withdrawing your participation will not affect your medical or legal rights.

### **What happens next?**

Once you have given your consent by completing the consent form on the following page you need to complete the remaining three sections of the questionnaire and **bring the completed form along to your first consultation** at the pain facility. Six months after your first appointment you will be sent a follow up questionnaire which you will need to complete and return using the free post envelope provided.

### **Will my details be safe?**

All organisations involved with this project must meet strict requirements on the handling and storage of personal information. Published reports will not contain any personal details.

## Contact us for further details

**Email:** [pinaudit@drfoster.co.uk](mailto:pinaudit@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

Please use a black ball point pen to complete this survey. Black out minor mistakes with a pen, do not use correction fluid. Mark inside each box clearly with an X where appropriate.

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

# The National Pain Audit: Patient Questionnaire

## EuroQol Group-EQ-5D™: Page 2

Please use a black ball point pen to complete this survey. Black out minor mistakes with a pen, do not use correction fluid. Mark inside each box clearly with an X where appropriate.

### 5. Anxiety / Depression

I am not anxious or depressed

I am moderately anxious or depressed

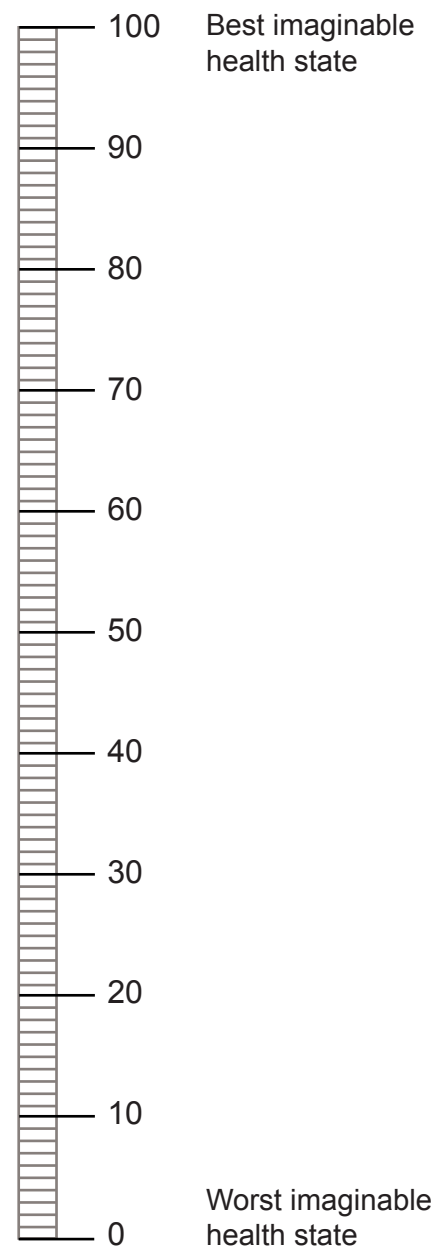
I am extremely anxious or depressed

### 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.



# The National Pain Audit: Patient Questionnaire

## Initial Patient Questionnaire: Page 1

Please use a black ball point pen to complete this survey. Black out minor mistakes with a pen, do not use correction fluid. Mark inside each box clearly with an X where appropriate.

1. Is this your first attendance at the pain facility?

Yes  No

2. **If YES**, due to your pain have you received medical treatment within the NHS in the last 6 months?

Yes  No  Not applicable

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

General Practice (GP)

Hospital A&E department

Other

4. Please rate how easy it was for you to find out about your NHS pain service by marking the appropriate box below

Extremely easy 0 1 2 3 4 5 6 7 8 9 10 Extremely difficult

5. Please indicate how you found out about your NHS pain service by marking the appropriate box below:

GP

Primary Care Trust

Hospital Consultant

On the internet

By word of mouth

Other

# The National Pain Audit: Patient Questionnaire

## Initial Patient Questionnaire: Page 2

Please use a black ball point pen to complete this survey. Black out minor mistakes with a pen, do not use correction fluid. Mark inside each box clearly with an X where appropriate.

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

Yes  No

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

Yes  No  Not applicable

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

Yes  No

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

Yes  No  Not applicable