

\* Required

## Pain Management Review - Your Experiences

You were recently seen by a healthcare professional at your GP Practice to discuss how you can be supported to live well with pain. As part of our efforts to improve how we support people living with chronic pain, we are seeking feedback from patients about their experiences. We would be very grateful if you could complete this short questionnaire about your experiences. All responses are anonymous.

### Experience

1. Prior to this specific pain management appointment, had you ever spoken to a healthcare

professional about your pain management? \*

- Yes
- No
- Not sure

2. If so, who had you spoken to?

- Doctor - GP
- Doctor - Pain Specialist
- Nurse
- Pharmacist
- Physiotherapist
- Psychologist/Counsellor
- Occupational Therapist
- Health and Wellbeing Coach
- Social Prescriber
- Other

3. At your recent appointment to discuss your pain management, were aspects of your lifestyle discussed? For example, exercise, wellbeing, social life. \*

- Yes - and I was happy to discuss this
- Yes - but I did not want to discuss this
- No - and I was happy with that

No - but I would have welcomed the chance to discuss these issues

4. Was your medication changed at your appointment? \*

No - my pain medication dose was kept the same

Yes - my pain medication dose was reduced

Yes - my pain medication dose was increased

Yes - I was started on a new pain medication

Yes - The way I take my medication was changed e.g. from a tablet to a patch

Other

5. At your pain management appointment, how good was the healthcare professional at each of the following? \*

Giving you enough time

Very Good

Good

Neither good nor poor

Poor

Very Poor

Doesn't apply

Listening to you

Very Good

Good

Neither good nor poor

Poor

Very Poor

Doesn't apply

Treating you with care and concern

Very Good

- Good
- Neither good nor poor
- Poor
- Very Poor
- Doesn't apply

6. During your pain management appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had? \*

- Yes, definitely
- Yes, to some extent
- No, not at all
- I did not have any mental health needs
- Did not apply to my appointment

7. Were you referred to any other services following your pain management appointment?\*

- Hospital Pain Clinic
- Rheumatology Clinic
- GP Appointment - Doctor
- GP Appointment - Pharmacist
- GP Appointment - Nurse
- Physiotherapy
- Hydrotherapy
- Massage
- Acupuncture
- Addiction Services
- Mental Health Support (e.g., Talking Therapies, Counselling, Cognitive Behavioural Therapy)
- Social Prescriber
- Health and Wellbeing Coach
- Community Pain or Musculoskeletal (MSK) Service
- Social Services (Social Worker or Carers)
- Occupational Therapy

- No
- Other

8. Overall, how do you rate your recent experience with your GP Practice for your chronic pain management? \*

0 1 2 3 4 5 6 7 8 9 10 (from 0-10, 0 being poor, 10 being excellent)

9. Do you have any other feedback on your experiences to share with us?

## Equality and monitoring form (optional)

NHS North West London ICS is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to know if we are succeeding in involving different groups of people, and to change our approach if some groups are not represented.

### Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity of our patient safety partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998. The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, and sex.

- 10. What is the name of your GP Practice? (give options)
- 11. Can you provide the first three digits of your postcode?
- 12. Which age group do you belong to?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

13. What is your ethnic group?

- Asian or British Asian - Bangladeshi
- Asian or British Asian - Pakistani
- Asian or British Asian - Chinese
- Asian or British Asian - Indian
- Asian or British Asian - Other
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Other
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Mixed - Other
- White - Welsh/English/Scottish/Northern Irish/British Irish
- White - Gypsy or Irish Traveler
- Prefer not to say
- Other

14. What is your gender?

- Woman
- Man
- Non-binary
- Prefer not to say