Patient Questionnaire

On

Pain Management

Questionnaire on Pain Management

Dear Patient,

As a part of our pain management program, our hospital is looking at ways of providing better comfort measures to reduce the amount of pain and suffering associated with illness and/or surgery. We appreciate your taking about 10 minutes of your time to answer these questions. Your feedback is important to us and to future patients.

NAME	(Optional)	AGE	SEX
REASON FOR HOSPITALIZAT	ON		
NUMBER OF DAYS IN THE HO	SPITAL		
TODAY'S DATE	_		
Did you expect to have considerable	pain as part of your hospitalizati	on experience?	
Yes No			
2. How much pain did you experience v	vhile in the hospital?		
NoneMinimal _	A lot Severe	pian	
3. Did the doctor or nurse explain the 0-	-10 pain scale to you?		
Yes No			

	No	_Seldom	Mo	st of the ti	me		Consi	stently	1	
5. How would	you charac	terize staff re	sponse to	your requ	est for	r pain	medici	ine?		
Timeliness:										
	Excellent	Good	d	_ Fair	P	oor				
Caring:										
	Excellent	God	od	Fair	F	oor				
6. Please che	ck the meth	od(s) that we	ere used to	o control yo	our pa	in:				
	_ None	Self-adı	ministered	d pain pum	ıp (PC	A)				
	_ Pills	Pain med	dicine in	the IV or IV	/ drip					
	Injections ((shots)	Other	(pain patcl	h, epic	dural,	etc) _			
7 Did pain int	torfore with	vour ability ta	v. (obook	all that are	dy)					
•		your ability to Breathe _	•	• • •	• /					
		breame _ t Other (ite with oth	613					
	ıın ⊏aı	Other ((explail)							
1/10	ad (amation	ac) Sloo	un.							
		ns) Slee		ownoint:						
3. Please che	ck all those	that represer	nt your vi	•	from h	is/hor	prima	w roen	onsibilit	v curino
3. Please che Co	ck all those		nt your vi	•	from h	is/her	primaı	ry resp	onsibilit	y-curing
3. Please che Co my illness.	ck all those mplaining a	that represer	nt your vio	my doctor f				ry resp	onsibilit	y-curing
3. Please che Co my illness I do	ck all those mplaining a	that represer bout pain will bother the nu	nt your vio	my doctor f				y resp	onsibilit	y-curing
3. Please che Co my illness I do Pai	nck all those mplaining a on't want to in medicine	that represent bout pain will bother the nu can't really c	nt your vio distract r urse-she's control pai	my doctor f s busy with in.				ry resp	onsibilit	y-curing
3. Please che Co my illness I do Pai	nck all those mplaining a on't want to in medicine ople get add	that represent bout pain will bother the nu can't really cut dicted to pain	nt your vio distract r urse-she's control pai medicine	my doctor for busy with in.	other	patie	nts.			
3. Please che Co ny illness I do Pai Pei It's	ck all those mplaining a on't want to in medicine ople get add easier to p	that represer bout pain will bother the nu can't really c dicted to pain ut up with pai	nt your vio distract r urse-she's control pai medicine in than wi	my doctor for busy with in. e easily. ith the side	other	patie	nts.			
3. Please che Co my illness. I do Pai Co lt's Go	mplaining a on't want to in medicine ople get add easier to pool	that represent bout pain will bother the nu can't really condicted to pain ut up with pain avoid talking	nt your vio	my doctor for busy with in. The easily. The the side in.	other	patie	nts.			
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8. Please che Co my illness. I do Pai Pe It's Go Pai Pai Pai	mplaining a on't want to in medicine ople get add easier to pl od patients in medicine in builds chatients should	that represent bout pain will bother the nucan't really condicted to pain ut up with pain avoid talking should be sa aracter-it's god expect to here to endure p	nt your vio	busy with in. e easily. ith the side in. se the pair u. it's part of e are medic	other effect n get w	patients that vorse.	come	from p	ain med	dicine.
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Thank you for your participation.