

## Appendix 2 (as supplied by the authors): patient survey



Chart No.: \_\_\_\_\_

# Opioids for Chronic non-Cancer Pain

**Purpose:** We would like your help in evaluating an information tool: “*Are you thinking about taking opioids (painkillers) for your pain?*” It was designed for people considering starting on opioids. Information obtained will allow us to make future improvements to the document.

We are asking you because you currently take an opioid medication (Examples: Tylenol 3<sup>®</sup>, Percocet<sup>®</sup>, OxyNEO<sup>®</sup>, Tramacet<sup>®</sup>, Metadol<sup>®</sup>, Dilaudid/Hydromorphone<sup>®</sup>).

Dr. Norman Buckley is the primary investigator in this project. We are kindly asking for your cooperation in reading “*Are you thinking about taking opioids (painkillers) for your pain?*”, and completing a 21-question survey that will take you **less than 10 minutes**. Complete by checking the **one box** (unless otherwise stated) that best reflects your answer to each question. The report of the results will be in an aggregate format without identifying information for particular participants. As part of the study, we may collect details regarding your prescribed opioid dose from your clinical file. All responses will be kept confidential.

**Consent:** I have fully understood the concept of this survey. I understand that all the information collected in this survey will be anonymous. By proceeding, I am providing my consent to participate. This information is not part of my care and my physician will not receive this information.

You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the Hamilton Health Sciences/Faculty of Health Sciences Research Ethics Board. If you have any questions regarding your rights as a research participant please contact the Office of the Chair at 905 521-2100, Ext. 42013.

Appendix to: Busse JW, Mahmood H, Maqbool B, et al. Characteristics of patients receiving long-term opioid therapy for chronic noncancer pain: a cross-sectional survey of patients attending the Pain Management Centre at Hamilton General Hospital, Hamilton, Ontario. *CMAJ Open* 2015. DOI:10.9778/cmajo.20140126.

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To receive this resource in an accessible format, please contact us at [cmajgroup@cmaj.ca](mailto:cmajgroup@cmaj.ca).

1. Which opioid(s) are you currently prescribed (check all that apply)?

- Codeine (e.g. Tylenol 3®)
- Oxycodone (e.g. OxyNEO®, Oxycontin®, Percocet®)
- Tramadol (e.g. Tramacet®, Ultracet®, Ralivia®)
- Hydromorphone (e.g. Dilaudid®, Hydromorph contin®)
- Methadone (e.g. Metadol®)
- Morphine (e.g. MS Contin®, Avinza®, Kadian®, Oramorph SR®, Statex®)
- Other opioid (s): \_\_\_\_\_
- Not applicable, I do not use opioid medication

2. How long have you been taking opioids?

- less than 6 months
- 6 months to 1 year
- 1 to 5 years
- 5 to 10 years
- More than 10 years
- Not applicable, I do not use opioid medication

**IF YOU ARE NOT TAKING OPIOIDS, OR HAVE TAKEN THEM FOR LESS THAN 6 MONTHS, PLEASE STOP  
HERE AND HAND YOUR SURVEY BACK TO THE STUDENT/ADMINISTRATIVE PERSON**

3. Gender:  Female  Male

4. Age: \_\_\_\_\_

5. What is your educational level?

- not completed high school
- high school graduate
- college graduate
- university degree

6. What is the clinical condition for which you take opioids?:

- chronic low back pain
- chronic neck pain
- chronic whiplash
- chronic headaches
- fibromyalgia
- rheumatoid arthritis
- diabetic neuropathy
- other: \_\_\_\_\_

7. Are you currently in receipt of disability benefits?

Yes       No

8. Are you currently employed?

- |  |   |
|--|---|
| <input type="checkbox"/> I am working full-time hours, unmodified duties         | <input type="checkbox"/> I am not currently working             |
| <input type="checkbox"/> I am working full-time hours, on <b>modified</b> duties | <input type="checkbox"/> I am a housekeeper/stay at home parent |
| <input type="checkbox"/> I am working part-time hours, unmodified duties         | <input type="checkbox"/> I am a student                         |
| <input type="checkbox"/> I am working part-time hours, on <b>modified</b> duties | <input type="checkbox"/> Other: _____                           |

9. What degree of pain relief would you estimate has been provided by your long-term opioid therapy?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 20%      | <input type="checkbox"/> 61% to 80%  |
| <input type="checkbox"/> 20% to 40% | <input type="checkbox"/> 81% to 100% |
| <input type="checkbox"/> 41% to 60% |                                      |

10. What degree of functional improvement would you estimate has been provided by your long-term opioid therapy?

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> < 20%      | <input type="checkbox"/> 61% to 80%  |
| <input type="checkbox"/> 20% to 40% | <input type="checkbox"/> 81% to 100% |
| <input type="checkbox"/> 41% to 60% |                                      |

10. The side-effects associated with my long-term opioid therapy are very problematic (e.g. constipation, nausea, dizziness, etc.).

Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

**The remaining questions are all based on the document titled: “*Are you thinking about taking opioids (painkillers) for your pain?*”**

11. I was aware of this information before starting on long-term opioid therapy

Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

12. This information makes me feel more positively about long-term opioid therapy

Strongly Agree     Agree     Undecided     Disagree     Strongly Disagree

13.If I had this information before I began long-term opioid therapy, I would have decided against long-term opioid therapy.

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

14.Having read this information now, I am thinking about stopping or decreasing my use of opioid therapy.

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

15.The document: “Are you thinking about taking opioids (painkillers) for your pain?” was too complicated/confusing.

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

16.The following section (s) of the document: “Are you thinking about taking opioids (painkillers) for your pain?” were complicated/confusing (**please check all that apply**):

- |   |   |
|---|---|
| <input type="checkbox"/> Painkillers Reduce Pain by                           | <input type="checkbox"/> Avoiding Risks to Others     |
| <input type="checkbox"/> Side Effects   | <input type="checkbox"/> Avoiding Withdrawal Symptoms |
| <input type="checkbox"/> Concerns about Dependency                            | <input type="checkbox"/> Avoiding Overdose            |
| <input type="checkbox"/> Avoiding Risks to Yourself                           | <input type="checkbox"/> Travel                       |
| <input type="checkbox"/> Not applicable, no section was complicated/confusing |   |

17.The document: “Are you thinking about taking opioids (painkillers) for your pain?” provided too much information.

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

18.The document: “Are you thinking about taking opioids (painkillers) for your pain?” provided too little information.

Strongly Agree  Agree  Undecided  Disagree  Strongly Disagree

19. Reading the document: *“Are you thinking about taking opioids (painkillers) for your pain?”* answered all my questions about long-term opioid therapy.

Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree

20. Reading the document: *“Are you thinking about taking opioids (painkillers) for your pain?”* reduced my fears about long-term opioid use.

Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree

21. Reading the document: *“Are you thinking about taking opioids (painkillers) for your pain?”* increased my fears about long-term opioid use.

Strongly Agree    Agree    Undecided    Disagree    Strongly Disagree

**Please share with us any other thoughts you may have on long-term opioid therapy, or the document: *“Are you thinking about taking opioids (painkillers) for your pain?”***

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**- Thank You for Your Time -**