**Participant Pre and Post-Session Survey**

**Please select ONE answer only**

1. How long have you been experiencing this pain?
	1. Less than 3 months
	2. Between 3-6 months
	3. Between 6 months – 1 year
	4. Between 1-3 years
	5. Over 3 years
2. How long have you been taking opioid pain medication for (e.g. codeine, morphine, oxycodone, fentanyl)? (NB: This does not include paracetamol or NSAIDs like ibuprofen).
	1. Less than 3 months
	2. Between 3-6 months
	3. Between 6 months – 1 year
	4. Between 1-3 years
	5. Over 3 years
3. How informed do you feel about the risks of taking opioids for over 3 months?
4. Not at all informed
5. Slightly informed
6. Neutral
7. Quite informed
8. Very informed
9. Do you think that some people with persistent pain can live well with no/minimal use of opioid pain medication?
	1. Yes b. No
10. How much do your medicines relieve your pain at present?
(Circle the amount that is closest to your experience)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

1. Do you have side effects with your current medicines?
2. Yes b. No
3. If Yes, what are they?

concentration difficulties constipation sickness

dizziness weight gain hallucinations

depression/low mood rashes blurred vision

dry mouth sexual difficulties

Any other side effects? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the pain relief effect reduce despite increases in the dose regularly?
	1. Yes b. No
2. Do you get any of these symptoms when trying to reduce/stop opioids?
(Circle all that apply)

shaking tremors nausea

vomiting diarrhoea itching

aching muscles

1. Do your medicines help if you experience high pain levels (i.e. breakthrough pain)?
	1. Yes b. No
2. Do your pain medicines help you get a good nights sleep?
	1. Yes b. No
3. Do your medicines help you to keep doing the things that are important to you?
	1. Yes b. No
4. Have a look at your responses from question 5 -12, are your pain medicines providing you more benefit, more problems or no benefit?
	1. More benefit b. More problems c. No benefit
5. I am interested in trying to reduce/stop use of opioid pain medication.
	1. Strongly agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Strongly disagree
6. How informed do you feel about other ways to manage persistent pain besides medication (e.g., physiotherapy or meditation)?
7. Not at all informed
8. Slightly informed
9. Neutral
10. Quite informed
11. Very informed
12. I feel confident talking to my GP or Pharmacist about my care and pain management.
	* 1. Strongly disagree
		2. Disagree
		3. Neither agree nor disagree
		4. Agree
		5. Strongly agree
13. Any other comments