**Participant Group Education Sessions
Feedback Questionnaire**

**Please select ONE answer only**

1. How many Group Education Sessions for pain management did your practice offer?
	1. One session
	2. Two sessions
	3. Three sessions
2. How long did each session last?
	1. 60 minutes or less
	2. Between 60-90 minutes
	3. Between 90-120 minutes
	4. Over 120 minutes
3. How many of these sessions did you attend?
	1. One session
	2. Two sessions
	3. Three sessions
4. What did you think of the duration of the sessions?
	1. They were too long
	2. They were too short
	3. They were just right
5. Tick all that apply. The sessions I attended were mostly:
	1. Informative
	2. Interesting
	3. Empowering
	4. Boring
	5. Upsetting
6. The sessions I attended helped me better understand ways to manage my chronic pain besides taking medication (e.g., physiotherapy or meditation).
	1. Strongly agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Strongly disagree
7. The sessions I attended helped me better understand the risks of taking opioid pain medication for over 3 months.
8. Strongly agree
9. Agree
10. Neither agree nor disagree
11. Disagree
12. Strongly disagree
13. I would recommend these sessions to someone else taking opioids for over 3 months.
	1. Strongly agree
	2. Agree
	3. Neither agree nor disagree
	4. Disagree
	5. Strongly disagree
14. What did you enjoy most about the sessions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What would you like to see improved for future sessions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_