



Caregiver Satisfaction with Pediatric Pain Management in the Emergency Department

1. **What is your child's age?** _____

2. **My child is a:** Boy Girl

3. **I am this child's:** (please choose one)
 Mother Father
 Grandparent Legal Guardian
 Foster Parent Other _____

4. **My age is:**
 < 18 years 18-20 years
 21-30 years 31-40 years
 41-50 years > 50 years

5. **I am a:** Male Female

6. **The first 3 digits of my postal code are:** _____

7. **Please describe the location of your child's pain.** (e.g. wrist, tummy, head, etc.)

8. **Please describe the pain your child is having.**

9. **How many days has your child had pain (including today)?** _____



10. What did the doctor tell you your child's diagnosis was, today?

11. What did the doctor(s) tell you to do about your child's pain at home? (if anything)

12. What did the nurse(s) tell you to do about your child's pain at home? (if anything)



American Pain Society Patient Outcome Questionnaire – Modified

1. Has your child experienced any pain in the last 24 hours?

- Yes No

If you answered NO to question 1, please stop now and return the survey in the envelope provided. If you answered yes, please go to question 2.

2. On this scale, how much pain is your child having right now?

(please mark an X on the line)

No pain Worst pain possible

3. On this scale, please indicate the worst pain your child has had in the past 24 hours. (please mark an X on the line)

No pain Worst pain possible

4. On this scale, please indicate the average level of pain your child has had in the past 24 hours. (please mark an X on the line)

No pain Worst pain possible

5. Circle the number below that describes how, during the past 24 hours, pain has interfered with your child's: (please circle one only)

A. General Activity

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes

B. Mood

0 1 2 3 4 5 6 7 8 9 10

Does not interfere Completely interferes

C. Walking ability (or normal activity, if not walking)

0 1 2 3 4 5 6 7 8 9 10



Does not interfere	Completely interferes										
D. Relations with other people											
0	1	2	3	4	5	6	7	8	9	10	
Does not interfere					Completely interferes						
E. Sleep											
0	1	2	3	4	5	6	7	8	9	10	
Does not interfere					Completely interferes						

- 6. Select the phrase that indicates how satisfied or dissatisfied you are with the results of your child's pain treatment overall. (choose only one please)**
- | | |
|--|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Slightly satisfied |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Slightly dissatisfied | <input type="checkbox"/> Very satisfied |
- 7. Select the phrase that indicates how satisfied or dissatisfied you are with the way your child's nurses responded to your reports of pain. (choose only one please)**
- | | |
|--|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Slightly satisfied |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Slightly dissatisfied | <input type="checkbox"/> Very satisfied |
- 8. Select the phrase that indicates how satisfied or dissatisfied you are with the way your child's physicians responded to your reports of pain. (choose only one please)**
- | | |
|--|---|
| <input type="checkbox"/> Very dissatisfied | <input type="checkbox"/> Slightly satisfied |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Satisfied |
| <input type="checkbox"/> Slightly dissatisfied | <input type="checkbox"/> Very satisfied |
- 9. If you were not satisfied with your child's pain treatment in any way, please explain why.**



10. If you were satisfied with your child's pain treatment, please explain why.

11. Earlier in your child's care, did a physician or nurse make it clear to you that we consider treatment of pain very important and that you should be sure to tell them when your child has pain?

- Yes No

12. When you asked for pain medication for your child, what was the longest time he/she had to wait to get it? (please choose one)

- ≤ 10 minutes 11-20 minutes
 21-30 minutes 31-60 minutes
 ≥ 60 minutes Asked for medication but never received it.
 Never asked for pain medication.

13. Was there a time that the medication your child was given for pain didn't help and you asked for something more or different to relieve their pain?

- Yes No

14. a) If your child still has pain, would you like a stronger dose of pain medication for them?

- Yes No

b) If you answered no, please indicate why not?



15. Please respond to the next seven items by circling the number (0, 1, 2, 3, 4, 5) that comes closest to how much you agree with that item. There are no right or wrong answers; we just want to know what you think.

A. Pain medicine cannot really control pain.

0 1 2 3 4 5

Do not agree at all

Agree very much

B. People get addicted to pain medicine easily.

0 1 2 3 4 5

Do not agree at all

Agree very much

C. Good patients avoid talking about pain.

0 1 2 3 4 5

Do not agree at all

Agree very much

D. It is easier to put up with pain than with the side effects that come with pain medicine.

0 1 2 3 4 5

Do not agree at all

Agree very much

E. Complaints of pain could distract a physician from treating my child's underlying illness.

0 1 2 3 4 5

Do not agree at all

Agree very much

F. Pain medicine should be "saved" in case the pain gets worse.

0 1 2 3 4 5

Do not agree at all

Agree very much

G. The experience of pain is a sign that the illness has gotten worse.



0	1	2	3	4	5
Do not agree at all			Agree very much		

16. Which of the following pain control methods (if any) has your child used since you have been in the emergency department? (Please choose all that apply)

- Pain pills
- Pain injections
- Pain med in IV
- Epidural catheter

- Transcutaneous electrical
nerve stimulation (TENS)



- Relaxation
- Touch
- Prayer
- Heat application
- Cold application
- Distraction
- Guided imagery
- Back rub
- Massage
- Acupressure
- Music therapy
- Other
- Specify _____

Thank you for your time. Please return the survey in the envelope provided.