

Pain Tool Kit Feedback Form

(Received from Dr G F Gatiss Mind For Life: www.mindforlife.co.uk)



It is important to know how the Pain Toolkit has helped you in the self management of your pain. Your feedback will be valuable so we know more on how to maintain the quality and value of the tool kit. It would be appreciate if you could take a few minutes to print this page, complete this simple questionnaire, and then please return it to the address below..

Please complete the following statements by checking X - the response which best describes your feedback.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. The information in the Pain Toolkit has been useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The information in the Pain Toolkit helped me to self manage my pain with more success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have found the print in the Pain Toolkit easy to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Pain Toolkit has shown me where to find self care information i.e. NHS Choices or internet sites.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Pain Toolkit helped me to use the tools in partnership with my health care professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please **circle** the main three pain tools in the Pain Toolkit that are most helpful.

Tool 1 Tool 2 Tool 3 Tool 4 Tool 5 Tool 6 Tool 7 Tool 8 Tool 9 Tool 10 Tool 11 Tool 12

7. Did you share the Pain Toolkit with your partner/family/friends/work colleagues/GP, nurse etc, if yes, circle three tools from the list they found most helpful. Please **circle** below

Tool 1 Tool 2 Tool 3 Tool 4 Tool 5 Tool 6 Tool 7 Tool 8 Tool 9 Tool 10 Tool 11 Tool 12

Are there any other comments / feedback you would like to give about your use of the Toolkit?

Thank you for your help. Please return this questionnaire to:

Dr F Cole: Pain Rehabilitation Programme, Horton Park Centre, Horton Park Avenue, Bradford BD7 3EG

(All feedback will be kept in the strictest confidence and only used to modify the Pain Toolkit)