Survey Questionnaire

1 Demographic Information

1.1 Age (years)

☐ 18-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ 71-80 ☐ 81-90 ☐ 90+

1.2 Sex

☐ Female ☐ Male ☐ Prefer not to say

1.3 Region of residence

☐ Australia ☐ North America ☐ South America ☐ Europe

☐ Asia ☐ Africa ☐ New Zealand

☐ Other (please specify)

1.4 What is your marital status?

☐ Married ☐Partnered ☐ Unmarried ☐ Single ☐ Prefer not to say

1.5 Level of education

☐ Primary ☐ Secondary ☐ Tertiary

☐Post graduate ☐ Other education

1.6 What best describes your current work status?

☐ Full time paid employment ☐ Part time paid employment

☐ Unemployed due to pain ☐ Unemployed (not pain related) ☐Home duties

☐ On leave from work due to pain ☐ Studying ☐ Prefer not to say

2 Medical History

2.1 Have you received any of the following diagnosis for your current pain problem (tick all that apply)?

☐ Osteoarthritis ☐ Rheumatoid arthritis ☐ Fibromyalgia

☐ Chronic Fatigue ☐ Chronic widespread pain ☐ Lower back pain

☐ Neck pain ☐ Migraines ☐ Headaches

☐Pelvic pain ☐ No specific diagnosis but experience pain

☐ No specific musculoskeletal pain ☐ Other (please specify)

2.2 Do you take any of the following supplements *for your current pain problem*? (tick all that apply)

☐ Calcium ☐ Vitamin D ☐ Fish oil ☐ Magnesium ☐ Multivitamin

☐ Ayurveda medicines ☐ Chinese medicine ☐ Herbal medicines ☐ none

☐ Other ☐ please specify

2.3 Do you take any of the following supplements *for any other reason*?

☐ Calcium ☐ Vitamin D ☐ Fish oil ☐ Magnesium ☐ Multivitamin

☐ Ayurveda medicines ☐ Chinese medicine ☐ Herbal medicines ☐ none

☐ Other ☐ please specify

2.4 Do you take any of the following supplements *because you were advised by a health care professional to do so?*

☐ Calcium ☐ Vitamin D ☐ Fish oil ☐ Magnesium ☐ Multivitamin

☐ Ayurveda medicines ☐ Chinese medicine ☐ Herbal medicines ☐ not applicable

☐ Other ☐ please specify

2.5 Have you ever been tested for Vitamin D levels?

☐Yes ☐No

2.6 If yes, have your test results for Vitamin D ever been deficient?

☐Yes ☐No ☐ not applicable

2.7 If yes, have you ever been told that it may contribute to your current pain problem?

☐Yes ☐No ☐ not applicable

3 The Pain Questionnaire

3.1 Was your current pain problem triggered by an injury?

☐ Yes ☐No

3.2 How long has the pain been present?

☐ 3 ☐ 3- 6 months ☐ 6- 12 months ☐ More then1 year

3.3 What best describes the character of your pain? (tick all that apply)

☐ Aching ☐ Burning ☐ Cold ☐ Electric shocks ☐ Dull ☐ Hot ☐ Flushed ☐ Lightning-like ☐ Tingling ☐ Numb ☐ Pins & Needles ☐ Sharp

☐ Stabbing ☐ Throbbing ☐ Ants crawling ☐ other ☐ Please specify

3.4 Over the past 2 days what's the average severity of your pain on a scale of 1-10
(0= no pain, 10 = severe/ worst pain)

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

4. Pain experience

4.1 How well do you understand the cause of your pain?
(0 = I do not understand at all, 5 = I understand very well)
☐0 ☐1 ☐2 ☐3 ☐4 ☐5

4.2 Have you received any education about your pain?
☐ Yes ☐ No

4.3 If yes, was this education provided in person by any of the following professional? (tick all that apply)
☐ General Practitioner ☐ Nurse Practitioner ☐ Pain Physician ☐ Physiotherapist
☐ Chiropractor ☐ Massage therapist ☐ Pharmacist ☐ Not applicable
☐ other (please specify) ☐ Not applicable

4.4 Have you been referred to any of the following types of education material about pain?
☐ Book ☐ Website ☐ video ☐ YouTube ☐ Audio book ☐ Smart phone App ☐ Pamphlets/Brochure
☐ Not applicable

4.5 What type of education material was most helpful? Please rank them in order of preference from 1-5.
☐ Book ☐ Website ☐ video ☐ YouTube ☐ Audio book
☐ Smart phone App ☐ Pamphlets/Brochure ☐ Not applicable

4.6 How helpful was this education? (0= not helpful; 5= very helpful)
☐0 ☐1 ☐2 ☐3 ☐4 ☐5

4.7 Did the education change the way you think about your pain?
☐ Yes ☐ No

4.8 Did the education change the way you manage your pain?
☐ Yes ☐ No

4.9 Did you receive any information about your pain treatment options?
☐ Yes ☐ No

4.10 How helpful was this information? (0= not at all helpful; 5 = extremely helpful)
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4.11 How satisfied are you with your involvement in the health care decisions about your pain management? (0= not satisfied all, 5 = very satisfied)
☐0 ☐1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4.12 Regarding the most recent health care consultation (General Practitioner/Family doctor/ Physician) for your current pain problem, was the appointment duration?
☐Just right ☐ Too long ☐ Not long enough ☐ Not applicable

4.13 How frequent are your consultations with medical health professional (General Practitioner/Family doctor/ Physician)?
☐Just right ☐ Too frequent ☐ Not frequent ☐ Not applicable

4.14 Do you use any non-medicine methods to relieve your pain?
☐ Yes ☐No

4.15 If yes, which of the following methods have you used?
☐Cold pack ☐ Heat ☐ Massage ☐ Meditation ☐ Deep breathing ☐ Music ☐ Distraction (TV/reading)
☐ Prayer ☐ Relaxation ☐Imagery ☐Visualization ☐Walking ☐Movement ☐ Not applicable ☐ Other
☐ Other (please specify)

4.16 Which of the following above listed methods have you found helpful? Rank them in the order of preference from 1-5.
☐Cold pack ☐ Heat ☐ Massage ☐ Meditation ☐ Deep breathing ☐ Music ☐ Distraction (TV/reading)
☐ Prayer ☐ Relaxation ☐Imagery ☐Visualization ☐Walking ☐Movement ☐ Not applicable ☐ Other

4.17 At your last consultation where any of the above non-medication methods recommended as a way to relieve pain?
☐ Yes ☐No

4.18 At your last health care consultation, how did you feel? (tick all that apply)
☐Understood ☐Believed ☐Not taken seriously ☐Dismissed ☐Ignored

5. Outcome expectation

5.1 How long do you think it will take you to recover from your current pain problem?
☐ More than 3 months ☐ 3-6 months ☐ More than 6 months
☐ upto 1 year ☐ More than 1 year ☐ Never

5.2 What do you believe will help you achieve better treatment outcome?(tick all that apply)
☐More frequent doctor visits ☐Longer duration of doctor visits
☐More education about pain ☐ Practical strategies for managing pain
☐Learning to set realistic goals ☐More support from health care professionals
☐Having a team approach to management ☐ Training in self-management of pain
☐Education about your pain for your family member's
☐ Education about your pain for your employer

5.3 Please rank the above strategies you think will help you achieve better treatment outcome, in order of preference from 1-5.

☐More frequent doctor visits ☐Longer duration of doctor visits

☐More education about pain ☐ Practical strategies for managing pain

☐Learning to set realistic goals ☐More support from health care professionals

☐Having a team approach to management ☐ Training in self-management of pain

☐Education about your pain for your family member's

☐ Education about your pain for your employer

5.4 What goals do you wish to achieve from your pain management? Rank in the order of preference from 1-5.

☐ Less Pain ☐ No pain ☐Improved quality of life

☐ Improved movement ☐ Improved activity levels ☐Improved sleep

☐ Improved mood ☐ Less stress ☐Going back to work

☐ Increase in social activities ☐ other