

PAIN QUESTIONNAIRE

Age:

Sex: Male ☐ Female ☐

- 1. Are you currently prescribed any of the following medications? (Please tick box(s))**

Codeine ☐ Dihydrocodeine ☐
Tramadol ☐ Zomorph ☐
MST ☐ Sevredol ☐ Oramorph ☐
Oxycodone (Longtec) ☐ Oxycodone (Shortec) ☐
Fentanyl/Matrifen patch ☐
Buprenorphine/Butrans patch ☐
Buprenorphine/Temgesic tabs ☐
Methadone ☐

- 2. Please write down the dose of the medication(s) you ticked above.**

- 3. How long have you taken the medication(s) you ticked above?**

- 4. If you have previously taken any other drugs on the above list, how long did you take them for?**

- 5. Are you prescribed either Gabapentin or Pregabalin (Lyrica)?**

Yes ☐ No ☐

- 6. How long have you suffered with chronic pain?**

- 7. Have you had a GP review of your pain-killing medications within the last 12 months?**

Yes ☐ No ☐

- 8. Do you suffer from any of the following symptoms?**

Nausea ☐ Constipation ☐ Itching ☐
Sweating ☐ Sleepiness ☐
Urinary retention ☐