Back pain management programme

Questionnaire

We are looking for feedback from our back pain management programme clients to enable us to improve our service. It would be very helpful to us if you could complete this questionnaire with your views on your time with us.

Overall how would you rate your experience of the back pain programme?

Excellent □
Very good □
Good □
Average □
Poor □

Please rate between 1 – 5, 5 being very helpful and 1 being no help at all.

1. Number of clients on your group:

2. How well do you think we enabled you to work as a group:

   Very well □
   Well □
   Adequate □
   Poor □

3. How helpful have you found the following sessions?

General

Introduction to Course
Team Reviews
Goal Setting
Friends and family group session
Friends and family individual session

Any other comments…………………………………………………………………………………………………………………………

Physiotherapy Sessions

Understanding pain
Exercise principles
Anatomy and physiology
Tissue healing
Core Stability
Posture and Spinal Movement
**Patient Information**

| Management of setbacks and flare ups | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Lifting and Moving | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Gym Practical Sessions | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Hydrotherapy Sessions | 1 □ 2 □ 3 □ 4 □ 5 □ |  

Any other comments..............................................................................................................................................

| Occupational Therapy Sessions |  
| Pacing and Activity Diary | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Sleep | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Seating and Ergonomics | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Work and leisure | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Posture in Activities of Daily Living | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Relaxation | 1 □ 2 □ 3 □ 4 □ 5 □ |  

Any other comments..............................................................................................................................................

| Psychology Sessions |  
| Stress and Anxiety | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Unhelpful thoughts, Unhelpful Feelings | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Managing and maintaining changes | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Helping others to understand chronic pain | 1 □ 2 □ 3 □ 4 □ 5 □ |  

Any other comments..............................................................................................................................................

| Other |  
| Dietitian | 1 □ 2 □ 3 □ 4 □ 5 □ |  
| Understanding your medication (pain clinic nurse) | 1 □ 2 □ 3 □ 4 □ 5 □ |  

Any other comments..............................................................................................................................................
5. Is there anything else you would have liked to have been covered/discussed during your time here? .................................................................
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6. Prior to starting the programme, were you given enough information about what to expect and did you feel prepared to attend the programme? If not, what other information would you find helpful?
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7. Any other comments? ..............................................................................
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