The following questions are designed to measure how satisfied you are with different aspects of your **PAIN** treatment. Please choose the number that best describes the degree of satisfaction you have with the **PAIN** treatment you have received.

1. How satisfied were you with the overall treatment you received?

\_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_10

0 = no satisfaction 10 = complete satisfaction

2. How satisfied were you with staff warmth, respect, kindness, and willingness to listen?

\_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_10

0 = no satisfaction 10 = complete satisfaction

3. How satisfied were you with the skills and competence of the staff?

\_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_10

0 = no satisfaction 10 = complete satisfaction

4. How satisfied were you with the ease of getting appointments, hours of treatment, etc.?

\_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_10

0 = no satisfaction 10 = complete satisfaction

5. Would you recommend this treatment to someone you know who has a pain problem?

\_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_10

0 = not recommended 10 = strongly recommend

Notes: This is the treatment satisfaction subscale of the Pain Outcomes Questionnaire (POQ-VA) instrument. A total score, reflecting self-report of satisfaction with pain treatment, can be computed by summing all the item scores.

Reference:

Clark, M. E., Gironda, R. J., & Young, R. W. (2003). Development and Validation of the Pain Outcomes Questionnaire- VA. Journal of Rehabilitation Research and Development, 40(5), 381-396.