

DAVID MICHAELSON & COMPANY, LLC

Voices of Chronic Pain

A National Study Conducted For:



American Pain Foundation

With The Support Of:



May 2006

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Introduction

Background & Purpose

Chronic pain is one of the greatest and least understood epidemics in America. Millions of Americans suffer with their pain needlessly, resulting in significant losses of productivity and income as well as negative impacts on their personal and family lives.

While options exist for the control and management of this chronic pain, many suffers avoid using some of the most effective treatments. This avoidance is rooted in several areas, including social stigmas difficulties with dosing schedules and even the overall efficacy of the medications.

In an effort to better understand these attitudes, the American Pain Foundation asked David Michaelson & Company, LLC to conduct a comprehensive study of chronic pain patients who use opioids in order to better understand their attitudes toward this treatment as well a understand their unmet needs for pain management. This report presents the detailed findings from that study.

Research Objectives

The specific objectives of this research were to determine the following information:

- Degree of control chronic pain sufferers feel they have over their pain
- Severity, duration and frequency of pain, including breakthrough pain, experienced by chronic pain sufferers who use opioids
- Social, psychological and physical effects that result from chronic pain
- Impact of chronic pain on day-to-day living and other activities
- Willingness to share information about their use of opioids with others
- Attitudes toward opioids as a treatment option for chronic pain
- Dosing preferences for chronic pain medications

Research Method

This study was conducted on the Internet using an online panel of Americans, 18 years and older, who were screened for having chronic pain and using opioids for the treatment and control of that pain.

Respondents participating in the study were screened for the following specific criteria:

- Experience pain on a regular basis
- Visited a doctor or other medical professional in the past 12 months
- Currently take prescription medications on a weekly or more frequent basis to control their pain
- At least one of the prescribed pain control medications is an opioid

A total of 303 chronic pain sufferers who take opioids were included in the final sample. For purposes of this study, chronic pain is defined a recurrence of a particular pain on a monthly or more often basis that requires treatment by a physician or other medical professional.

International Communications Research (*ICR*) of Media, PA administered the data collection. ICR also conducted the data processing and preparation of statistical tables. The study was based on a written questionnaire that was administered between May 2 and May 8, 2006

Copies of the questionnaires used in this study appear as an appendix to this report.

Reading Notes

- Percentages read across when % signs appear in left-hand columns.
- Percentages read down when % signs are at the top of columns.
- Throughout the report, — signifies any value less than 0.5%.
- Where percentages add to more than 100% (*or total shown*), it is due to multiple answers.
- Where percentages add up to less than the total or less than 100%, the differences are due to the exclusion of the “don't know” and “no answers”.
- Sometimes where figures do not add to the totals shown, differences are due to “rounding” the percentages.
- All bases shown are unweighted.
- All samples are subject to some degree of sampling "error"-that is, statistical results obtained from a sample can be expected to differ somewhat from results that would be obtained if every member of the target population were interviewed. In this report, the maximum margin of error at a 95 percent confidence level is within ± 6 percentage points for base sizes of 303. Sub-sample margins of error will be higher.

Summary of Findings

Controlling Chronic Pain

Lower back pain is the most common problem experienced by those with chronic pain.

Overall, 96 percent of chronic pain patients taking opioids report having this type of pain on a regular basis. Other types of pain most commonly reported by these pain patients include joint pain (90%), muscle pain (88%), arthritis (82%), neck pain (80%), and upper back pain (77%).

Virtually all chronic pain patients who use opioids report severe pain.

Ninety-one percent of these patients have severe pain, with fibromyalgia (75%) being the most commonly reported type of severe pain among these patients. Other common types of severe pain reported by these patients include chest pain (69%) lower back pain (65%), joint pain (42%), pain related to medical treatment (41%), headaches or migraines (36%), neck pain (36%), and arthritis (34%).

On average chronic pain patients using opioids to manage their pain experience in excess of eight different types of pain on a monthly or more frequent basis with in excess of three of these chronic pains being severe.

Chronic pain patients have lived with their conditions for years.

The typical chronic pain patient using opioids has had this condition often in excess of a decade. Those with chronic headaches or migraines have had this condition the longest, an average of almost 16 years. However, other types of chronic pain conditions have been part of these patients' lives over for over a decade.

Controlling breakthrough pain or severe flares of pain is particularly important for these chronic pain patients.

Ninety-six percent of these patients consider controlling this type of pain “important” with four in five (79%) considering controlling breakthrough pain “very important”.

Despite the high level of importance these patients place on controlling breakthrough pain or other severe flares, they continue to experience a high frequency of these episodes.

On average, the typical chronic pain patient using opioids to control their pain experiences breakthrough pain or severe flares about twice each day or 14.53 times each week.

Not surprisingly, chronic pain patients typically believe they do not have full control over their pain.

In fact, only six percent of these patients report having a “great deal of control” over this pain. Half (51%) of these chronic pain patients currently using opioids say they have “only a little” or “no control” over their pain.

Treatment for Chronic Pain

The vast majority of these patients are under the continuing treatment of a medical professional.

Seventy-one percent of these chronic pain sufferers have seen a physician or other medical professional in the past month and one in four (22%) have seen one of these professionals within the past three months.

The typical chronic pain patient is taking pain medication up to four times each day.

On average these patients take a prescription medication 2.6 times each day (18.3 times per week) with one in eight (12%) taking some form of prescription medication more than four times a day. Forty-three percent are taking medications three to four times a day and one in four (27%) are taking a prescribed drug at least twice a day.

A majority of chronic pain patients using opioids also take other classes of medication to control their pain.

Close to half (44%) take a prescription NSAID and one in five report using cortisone. Thirty-one percent also supplement their prescription medications with over-the-counter products.

Vicodin is the most common opioid used by chronic pain patients.

Over four in ten (45%) use this drug. Percocet is the next most commonly used opioid, with 18 percent of these chronic pain patients reporting using this medication. Sixteen percent also claim to use OxyContin as a medication to control their pain.

Overall Impact of Chronic Pain

Chronic pain patients experience significant hardships that go well beyond the immediate pain they suffer.

Overall, 97 percent of chronic pain patients currently using opioids to manage their pain, report either a physical or social hardship as a direct result of their pain with 93 percent reporting multiple effects from this pain. These hardships include not only physical limitations, but also negative effects on their social lives as well as their emotional well-being. The most common limitation is difficulty walking or moving, a problem experienced by 89 percent of these patients.

Overall 94 percent of chronic pain patients taking opioids report at least one major impact on their lives as a result of their pain, with three in four (77%) chronic pain patients taking opioids to manage their pain report feeling depressed and many also report symptoms commonly associated with depression. These symptoms include an inability to concentrate (70%), strained relationships (52%) as well as loss of appetite (46%).

Chronic pain also has other significant psychological impacts.

Two in three (67%) of these patients “strongly agree” they get upset with they cannot do things due to their pain and 33 percent hold the same attitude that there may not be a real solution their pain with one in four strongly agreeing that pain is something they just have to live with. Not surprisingly, only 42 percent “agree” they are satisfied with current medications” and only 14 percent “strongly agree” with that statement.

Fortunately, the vast majority of chronic pain patients who experience depression as a result of their pain are taking actions to treat this condition.

Seventy-six percent of those reporting depression as a result of pain are receiving some form of treatment for that depression. For the most part, this treatment consists of anti-depressants such as Prozac, Welbutrin or Zoloft (84%).

Attitudes toward Opioids

Chronic pain patients have a “mixed” attitude toward opioids.

Overall, only half (48%) “strongly agree” opioids are “safe to take” if they follow the instructions of medical professionals and a high proportion (38%) “strongly agree” is it “hard to consistently control pain” with opioids.

Accordingly, few chronic pain patients rate opioids as “very effective” as way to control their chronic pain.

Only 23 percent say these medications are “very effective” and almost one in ten patients (9%) actually say opioids are ineffective in treating their chronic pain.

Many chronic pain patients also question the safety profile of opioids.

Fewer than one in three (31%) feel these medications are “very safe” and 14 percent actually believe opioids are dangerous.

Taking opioids is also perceived as a stigma for a significant proportion of chronic pain patients.

One in three (29%) of chronic pain patients who use opioids do not tell others they take these medications. Privacy is the most frequently cited reason not telling others about opioid use, however many also mention they are afraid of what others may think (17%) or that others may ask to share their medication (17%).

In spite of these challenges, chronic pain users typically consider opioids convenient to take.

Almost half (43%) say these medications are “very convenient”. Only one in 10 feel opioids are inconvenient to take. Nonetheless, many chronic pain patients would prefer a less frequent dosing regimen. On average, chronic pain patients prefer to take these medications twice each day, with 46 percent preferring a twice or once a day schedule.

Many chronic pain patients are getting less than the optimal level of information they need about how to manage chronic pain.

Less than half (48%) believe they are getting enough information. By contrast, 38 percent do not get enough of this data to meet their needs.

Conclusions & Insights

Living with constant pain is an enormous challenge for many Americans. But, as this study shows, living with pain has far greater implications than just the management of pain itself. The affects of pain go well beyond the physical and pervade each and every aspect of peoples' lives. This includes their relationships with friends, family and co-workers as well as their own psychological well-being and stability.

One of the most revealing aspects of this study is the fact that over three in four chronic pain patients admit to having some form of depression, with the vast majority of these individuals receiving some of treatment for this condition. As other research has demonstrated, this side effect of chronic pain creates a difficult environment that extends well beyond the chronic pain patient. Virtually everyone who is part of the patient's life – *friends, family and co-workers* – feel the effect of this depression. This depression results in severely strained personal and business relationships that only go to further compound the pain the patient is experiencing.

A lack of effective pain management, particularly the management breakthrough pain, is likely to be a significant contributor to the high incidence of depression that affects so many chronic pain patients. With an average of two breakthrough pain sessions every day, many patients live in dread of their next flare of severe pain. This breakthrough pain is in addition to the constant pain these patients experience each and every day.

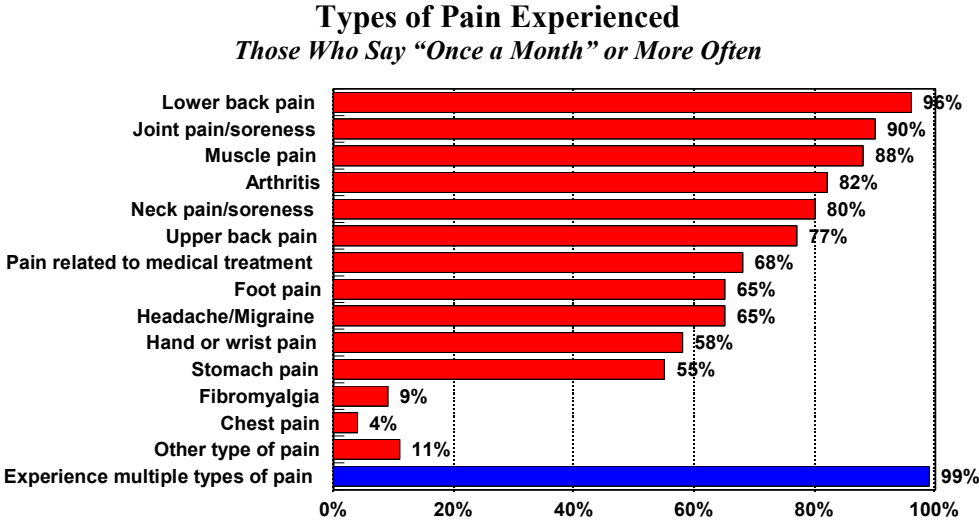
The answer for many patients is the development of pain medications that not only manages their pain effectively, but also provides reliable and constant relief. The net result will be a better quality of life, improved relationships and a possible end to the depression many of these individuals face as part of their daily lives.

Detailed Findings

Controlling Chronic Pain

Lower back pain is the most common problem experienced by those with chronic pain.

Overall, 96 percent of chronic pain patients taking opioids report having this type of pain on a regular basis.



Other types of pain most commonly reported by these pain patients include joint pain (90%), muscle pain (88%), arthritis (82%), neck pain (80%), and upper back pain (77%). Pain related to other medical treatment is experienced by seven in ten (68%) of these patients. Headaches and migraines are reported by two-in-three (65%).

Chronic headaches are particularly common among women as well as among younger chronic pain patients. Seventy-three percent of women with chronic pain report having headaches at least monthly. This compares to 56 percent of men reporting this condition.

Types of Pain Experienced

Those Who Say “Once a Month” or More Often By Gender

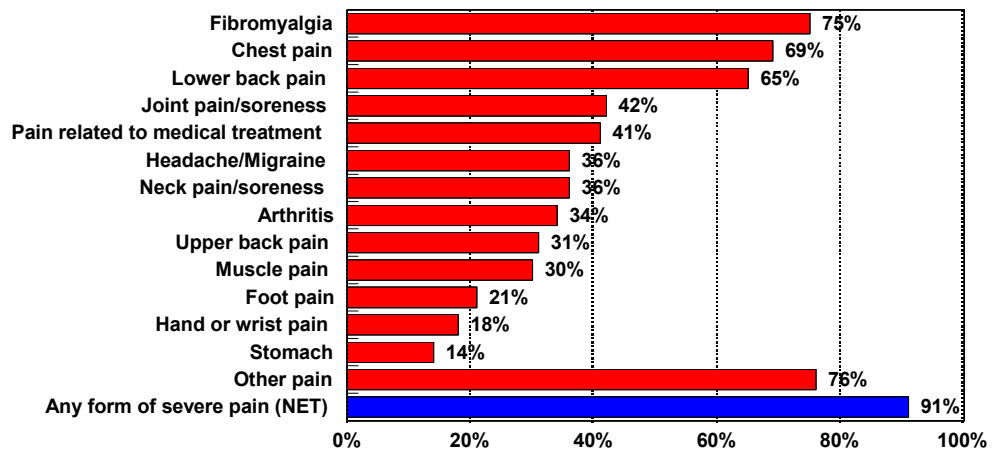
	Male	Female
Headache including migraine	56%	73%

Virtually all chronic pain patients who use opioids report severe pain.

Ninety-one percent of these patients have severe pain, with fibromyalgia (75%) being the most commonly reported type of severe pain among these patients. Other common types of severe pain reported by these patients include chest pain (69%) lower back pain (65%), joint pain (42%), pain related to medical treatment (41%), headaches or migraines (36%), neck pain (36%), and arthritis (34%).

Severity of Pain Experienced

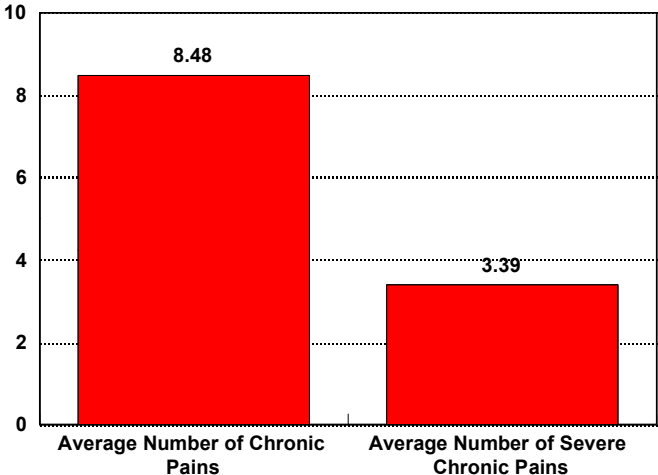
Those Who Say “Severe” For Each Type of Pain Experienced



However, these chronic pain patients rarely report a single type of severe pain. In fact, virtually all (99%) chronic pain patients report having multiple types of chronic pain.

On average chronic pain patients using opioids to manage their pain experience in excess of eight different types of pain on a monthly or more frequent basis with in excess of three of these chronic pains being severe.

Number of Types of Pain Experienced
Those Who Say “Once a Month” or More Often



Younger chronic pain patients – those under age 50 – ironically are likely to experience a significantly greater number of chronic pains. These individuals experience an average of 8.81 different chronic pains. By contrast, those ages 50 and older have an average of 8.21 chronic pains. However, both younger and older patients are equally likely to experience the same number of severe chronic pains.

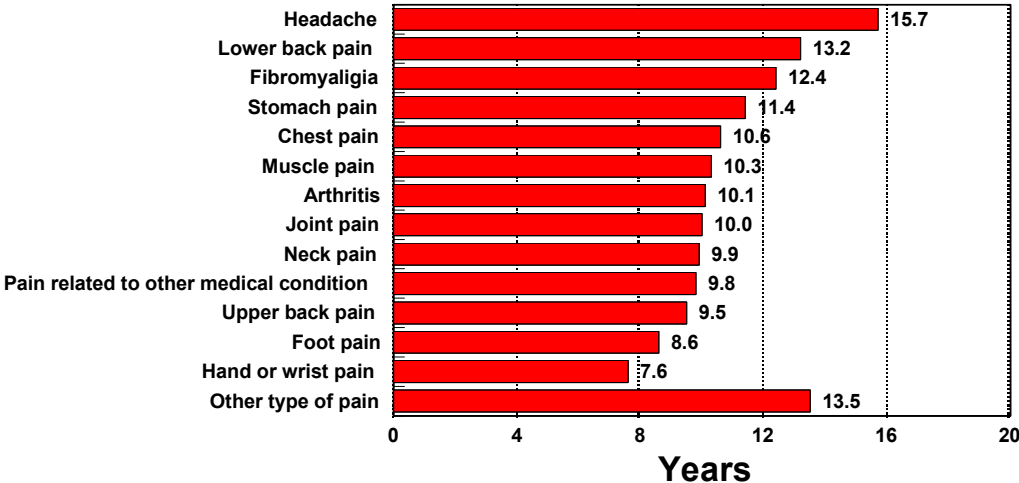
Number of Types of Pain Experienced
Those Who Say “Once a Month” or More Often By Age

	Under Age 50	Age 50 & Older
Average number of chronic pains	8.81	8.21
Average number of severe chronic pains	3.52	3.29

Chronic pain patients have lived with their conditions for years.

The typical chronic pain patient using opioids has had this condition often in excess of a decade. Those with chronic headaches or migraines have had this condition the longest, an average of almost 16 years. However, other types of chronic pain conditions have been part of these patients’ lives over for over a decade.

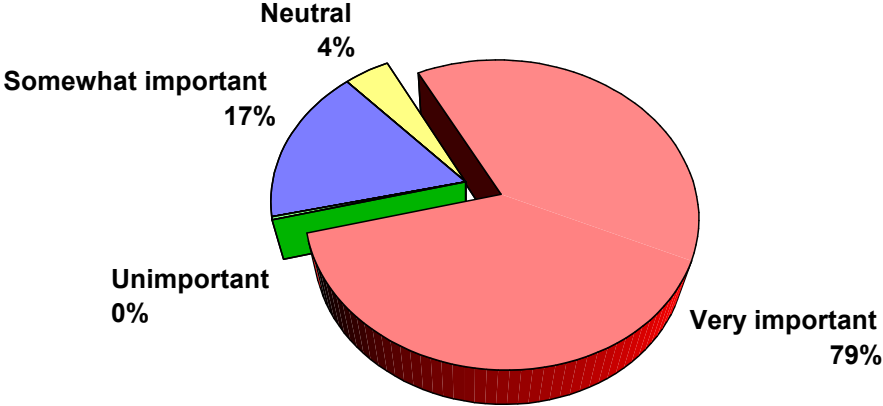
Average Length of Time Lived With Chronic Pain
Those Who Report Having Each Type of Pain at Least Once a Month



Controlling breakthrough pain or severe flares of pain is particularly important for these chronic pain patients.

Ninety-six percent of these patients consider controlling this type of pain “important” with four in five (79%) considering controlling breakthrough pain “very important”.

Importance of Controlling Breakthrough Pain

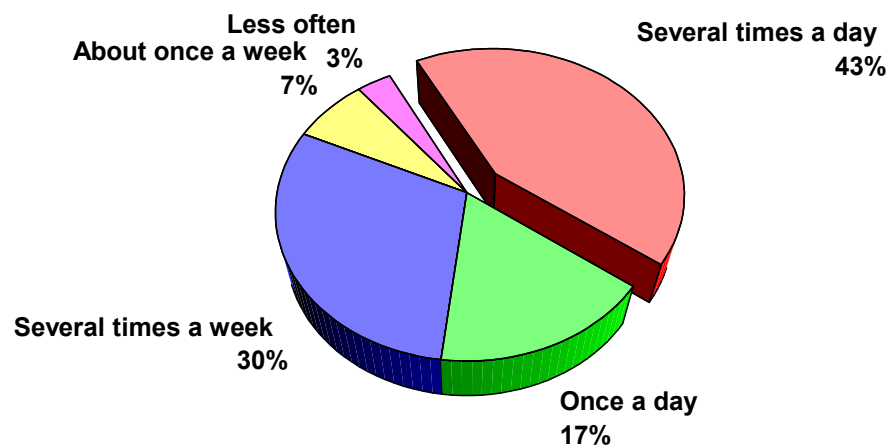


Despite the high level of importance these patients place on controlling breakthrough pain or other severe flares, they continue to experience a high frequency of these episodes.

On average, the typical chronic pain patient using opioids to control their pain experiences breakthrough pain or severe flares about twice each day or 14.53 times each week.

Ninety-seven percent of chronic pain patients using opioids to manage their pain experience breakthrough pain at least weekly and 60 percent have breakthrough pain on a daily basis. Almost half (43%) actually experience breakthrough pain at least several times a day.

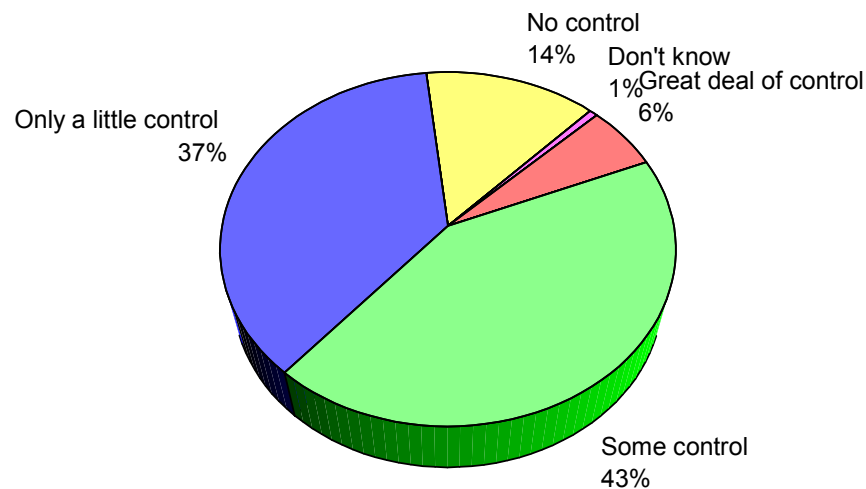
Frequency of Breakthrough Pain



Not surprisingly, chronic pain patients typically believe they do not have full control over their pain.

In fact, only six percent of these patients report having a “great deal of control” over this pain. Half (51%) of these chronic pain patients currently using opioids say they have “only a little” or “no control” over their pain.

Level of Control over Pain



This indicates that much of the treatment options given to these patients are ineffective in managing the severe discomfort these individuals live with everyday. This is best demonstrated by the high levels of breakthrough pain other severe flares of pain these patients are likely to experience on a daily basis (*see page 12*).

Men as well chronic pain patients age 50 and older are significantly more likely to say they have a “great deal of control” over their pain. However, even with their higher perception of control few still have the optimal level of pain control they desire.

Level of Control over Pain

By Age

	Male	Female
Great Deal of Control	10%	2%

Level of Control over Pain

By Gender

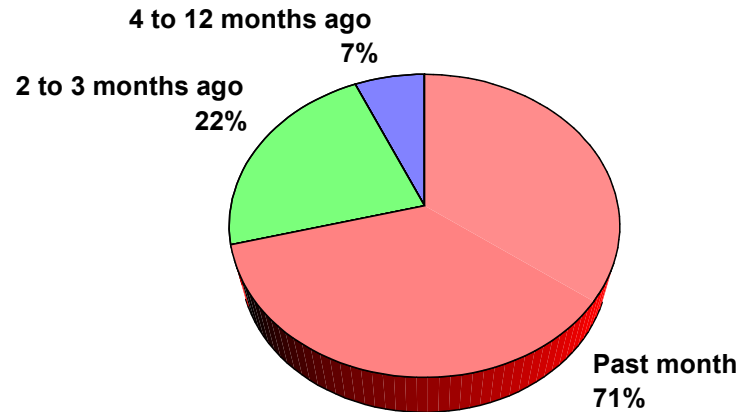
	Under 50	50 & Older
Great Deal of Control	3%	8%

Treatment for Chronic Pain

The vast majority of these patients are under the continuing treatment of a medical professional.

Seventy-one percent of these chronic pain sufferers have seen a physician or other medical professional in the past month and one in four (22%) have seen one of these professionals within the past three months.

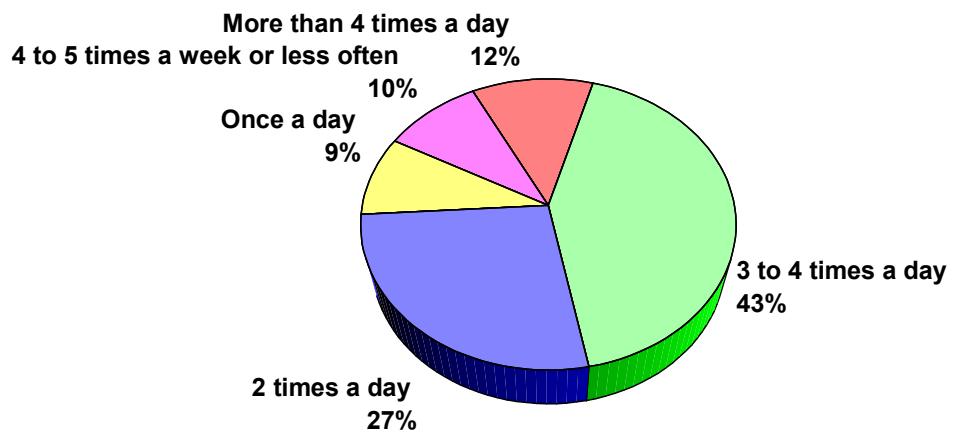
Last Time Saw Medical Professional for Treatment of Pain



The typical chronic pain patient is taking pain medication up to four times each day.

On average these patients take a prescription medication 2.6 times each day (*18.3 times per week*) with one in eight (12%) taking some form of prescription medication more than four times a day. Forty-three percent are taking medications three to four times a day and one in four (27%) are taking a prescribed drug at least twice a day.

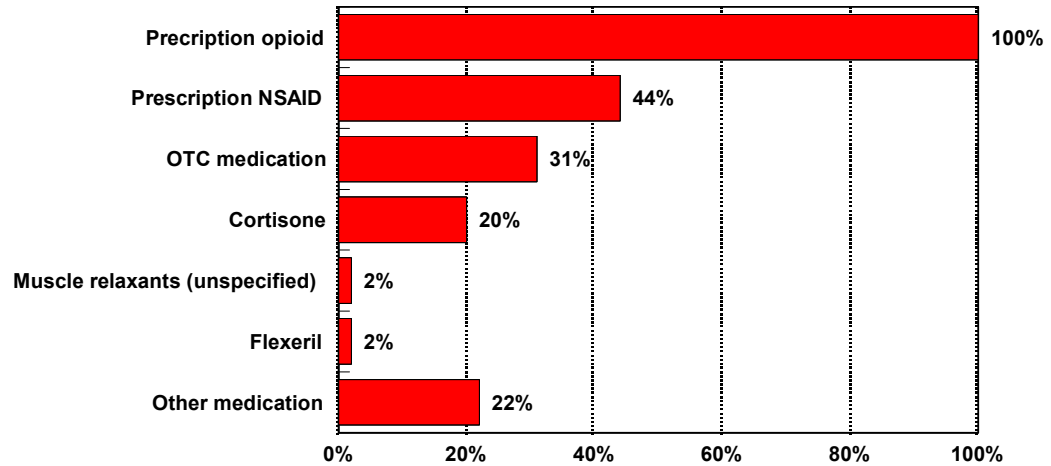
Frequency of Taking Prescription Medication for Pain



A majority of chronic pain patients using opioids also take other classes of medication to control their pain.

Close to half (44%) take a prescription NSAID and one in five report using cortisone. Thirty-one percent also supplement their prescription medications with over-the-counter products.

Types of Medication Prescribed for Pain



Again, differences exist in the use of some medication between men and women and between those of different age groups. Women are significantly more likely than men to use over-the-counter medications in addition to an opioid to control their pain. Younger chronic pain sufferers are also more likely to use an OTC product in combination with their prescription medications.

Level of Control over Pain

By Age

	Male	Female
Take non-prescription or OTC medication	23%	39%

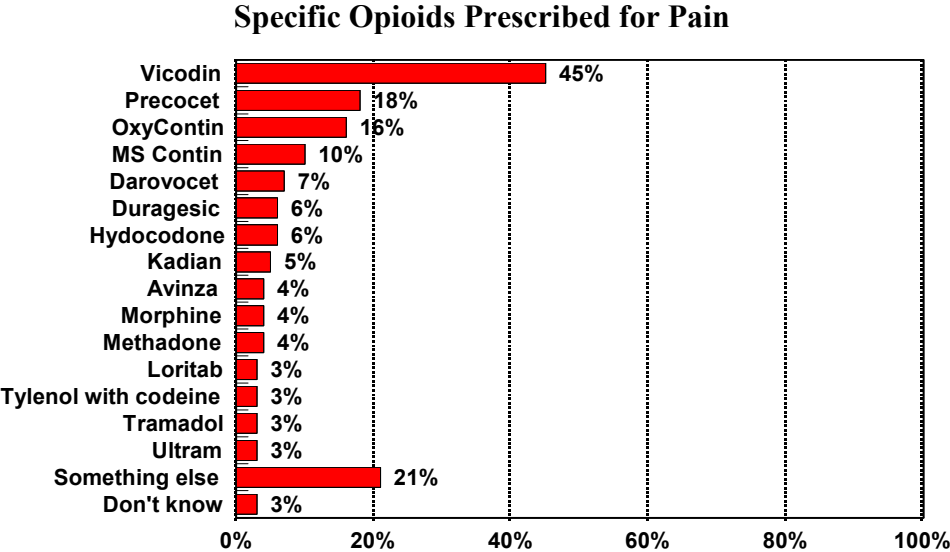
Level of Control over Pain

By Gender

	Under 50	50 & Older
Take non-prescription or OTC medication	42%	23%

Vicodin is the most common opioid used by chronic pain patients.

Over four in ten (45%) use this drug. Percocet is the next most commonly used opioid, with 18 percent of these chronic pain patients reporting using this medication. Sixteen percent also claim to use OxyContin as a medication to control their pain.



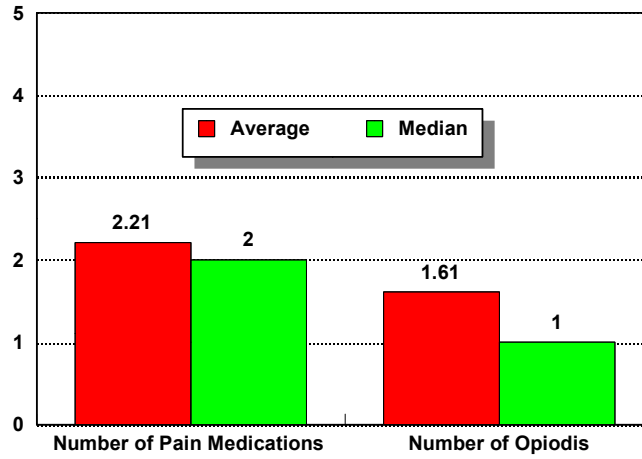
Vicodin use is particularly strong among those under age 50. Nonetheless, this drug remains the commonly prescribed opioids among both younger and older chronic pain patients.

Specific Opioids Prescribed for Pain
By Age

	Under 50	50 & Older
Vicodin	52%	39%

On average, the typical chronic pain patient using opioids to control their pain takes 2.21 different medications to control their pain with many taking multiple opioids – an average of 1.61 different opioids for each of these chronic pain patients.

Number of Medications Taken

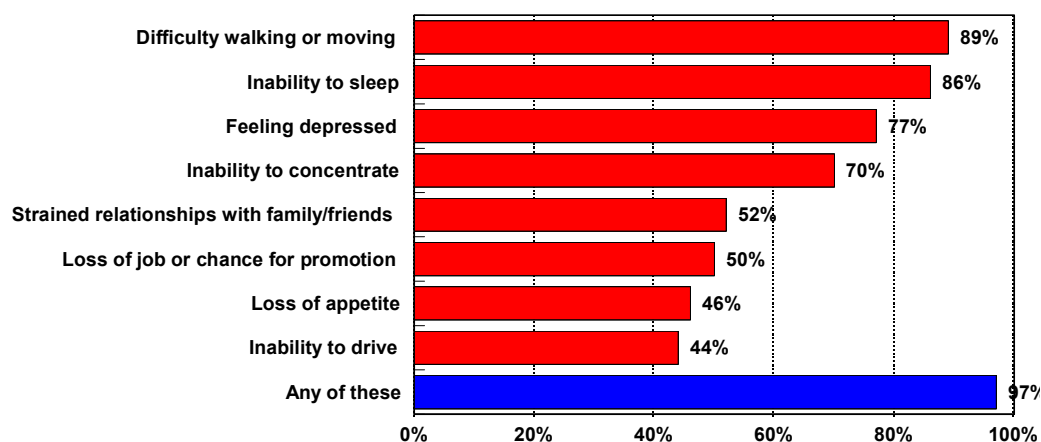


Overall Impact of Chronic Pain

Chronic pain patients experience significant hardships that go well beyond the immediate pain they suffer.

Overall, 97 percent of chronic pain patients currently using opioids to manage their pain, report either a physical or social hardship as a direct result of their pain with 93 percent reporting multiple effects from this pain. These hardships include not only physical limitations, but also negative effects on their social lives as well as their emotional well-being.

Occurrences As a Result of Chronic Pain



The most common limitation is difficulty walking or moving, a problem experienced by 89 percent of these patients. Eighty-six percent also report difficulty sleeping. These physical limitations also include not being able to participate in sports, not being able to work, even challenges with such basic activities as standing and sitting.

Loss of a job or a chance for promotion is particularly likely to affect younger chronic pain patients with 60 percent having this experience. By comparison four in ten (41%) of those who are older have had this same occurrence.

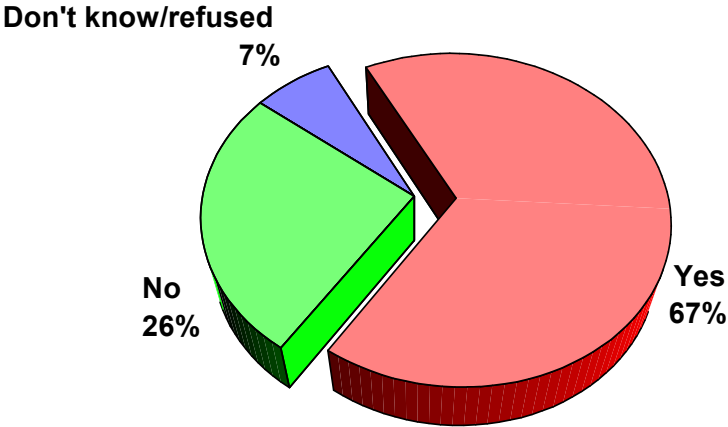
Occurrences As a Result of Chronic Pain

By Age

	Under 50	50 & Older
Loss of job or chance for promotion	52%	39%

While these physical challenges are the most common facing chronic pain patients using opioids to manage their pain, the greater challenges appear to be beyond the physical limitations these patients experience. In fact two in three (67%) have experienced other negative effects.

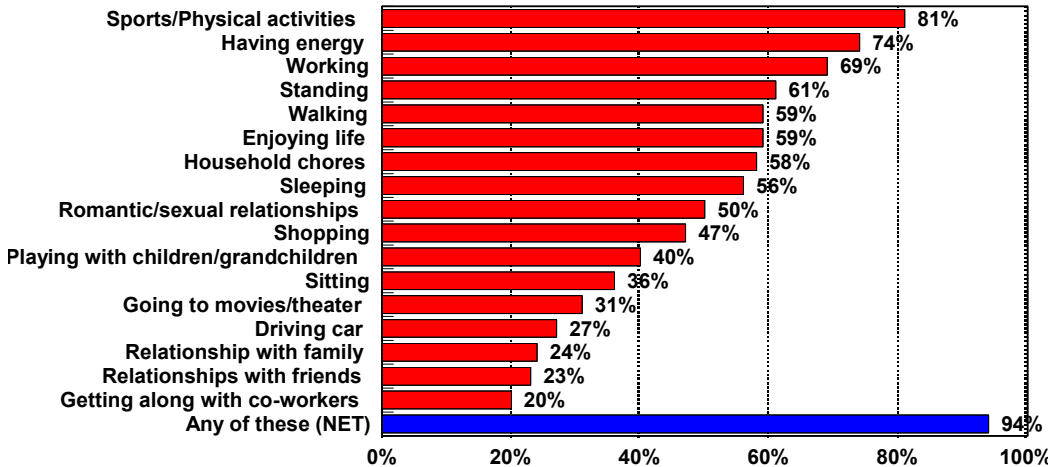
Have Experienced Other Negative Effects Because of Treatment for Pain



Overall 94 percent of chronic pain patients taking opioids report at least one major impact on their lives as a result of their pain, with three in four (77%) chronic pain patients taking opioids to manage their pain report feeling depressed and many also report symptoms commonly associated with depression. These symptoms include an inability to concentrate (70%), strained relationships (52%) as well as loss of appetite (46%) (See page 18). Not surprisingly, many of these pain patients also report their pain has a “great deal of impact” on their ability to enjoy life (59%), romantic relationships (50%) as well as relationships with family (24%), friends (23%) co-workers (20%). Each of these is also a factor that is highly likely to contribute to a feeling of depression.

Impact of Pain on Day-to-Day Activities

Those Who Say “Great Deal of Impact”



Women appear particularly impacted on many of these areas. These include household chores, playing with children or grandchildren and driving.

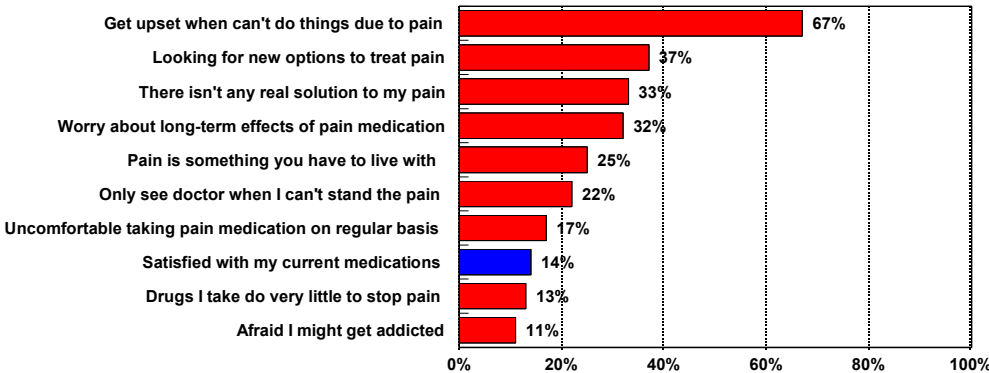
Impact of Pain on Day-to-Day Activities
Those Who Say “Great Deal of Impact” By Gender

	Male	Female
Taking care of household chores	46%	59%
Playing with children/grandchildren	34%	46%
Driving a car	20%	33%

Chronic pain also has other significant psychological impacts.

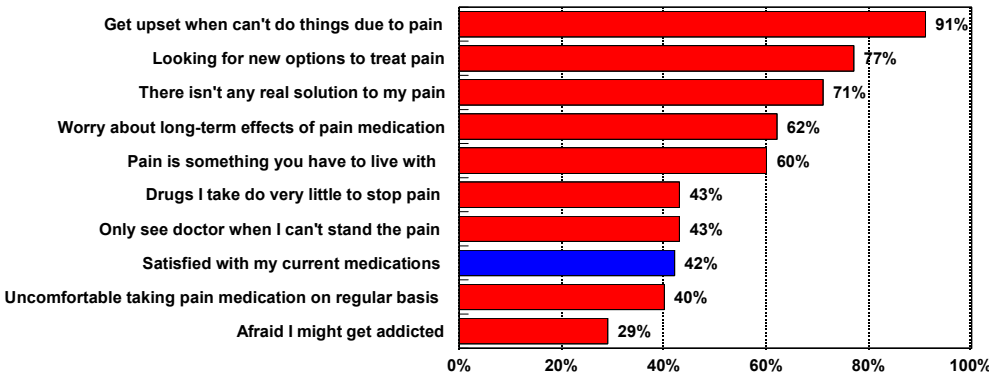
Two in three (67%) of these patients “strongly agree” they get upset with they cannot do things due to their pain and 33 percent hold the same attitude that there may not be a real solution their pain with one in four strongly agreeing that pain is something they just have to live with.

Agreement with Statements about Pain
Those Who Say “Strongly Agree”



A similar proportion (32%) also report they “strongly agree” that they worry about the long-term effects of their pain medication. Not surprisingly, only 42 percent “agree” they are satisfied with current medications” and only 14 percent “strongly agree” with that statement.

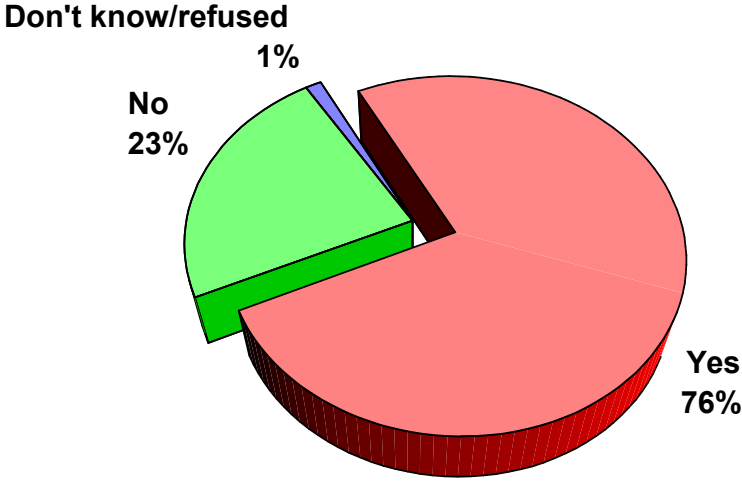
Agreement with Statements about Pain
Those Who Say “Agree”



Fortunately, the vast majority of chronic pain patients who experience depression as a result of their pain are taking actions to treat this condition.

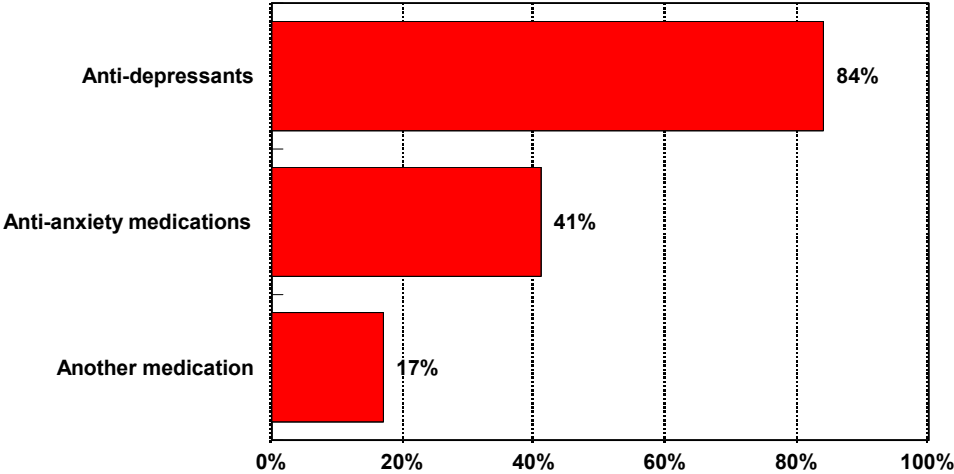
Seventy-six percent of those reporting depression as a result of pain are receiving some form of treatment for that depression. For the most part, this treatment consists of anti-depressants such as Prozac, Welbutrin or Zoloft (84%), but many take other medications as well. In fact, 41 percent take anti-anxiety medications such as Xanax or Klonopin.

Received Treatment or Therapy for Depression
Those Who Report Feeling Depressed As A Result of Pain



Overall, the use of psychotropic medications appears to be a key element in the overall treatment of chronic pain.

Medications Prescribed for Depression
Those Receiving Treatment for Depression

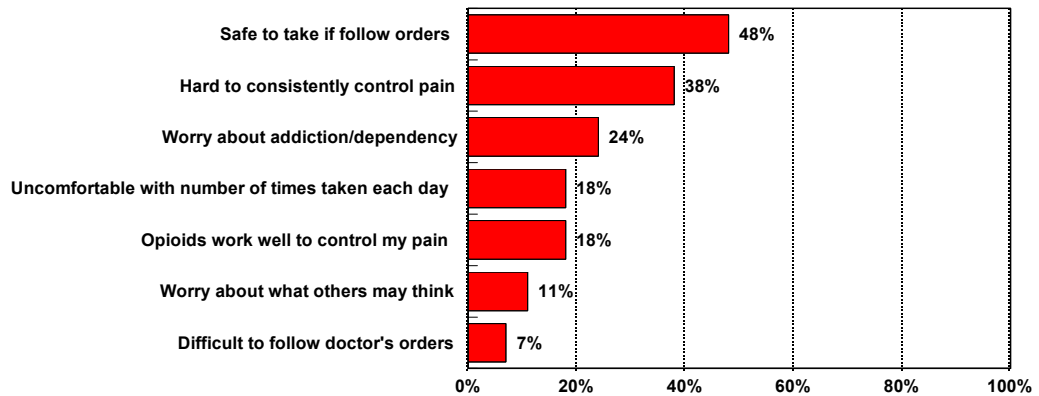


Attitudes toward Opioids

Chronic pain patients have a “mixed” attitude toward opioids.

Overall, only half (48%) “strongly agree” opioids are “safe to take” if they follow the instructions of medical professionals and a high proportion (38%) “strongly agree” is it “hard to consistently control pain” with opioids. This is reflected in the high incidence of these chronic pain patients who report having breakthrough pain (see page 12).

Agreement with Statements about Opioids
Those Who Say “Strongly Agree”

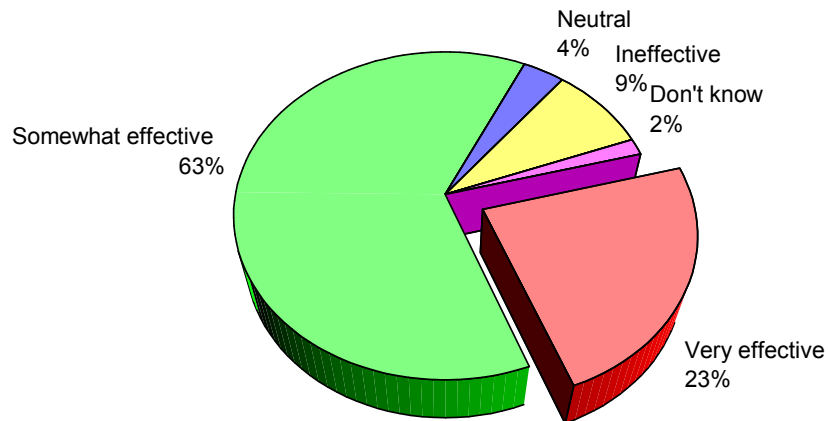


In addition, one in four (24%) also “strongly agree” about addiction or dependency as a result of taking these pain medications.

Accordingly, few chronic pain patients rate opioids as “very effective” as way to control their chronic pain.

Only 23 percent say these medications are “very effective” and almost one in ten patients (9%) actually say opioids are ineffective in treating their chronic pain.

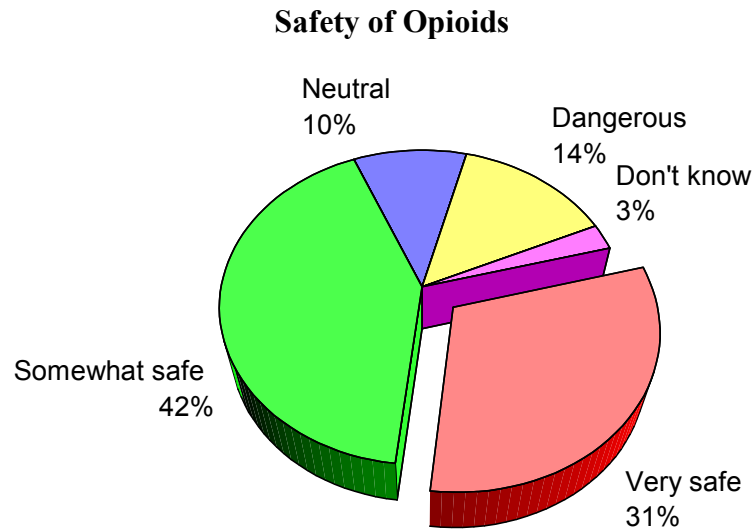
Effectiveness of Opioids



Again, much of this attitude appears to stem from the high level of importance these patients place on treating breakthrough pain in combination with the frequency this break through pain occurs (*see page 11*).

Many chronic pain patients also question the safety profile of opioids.

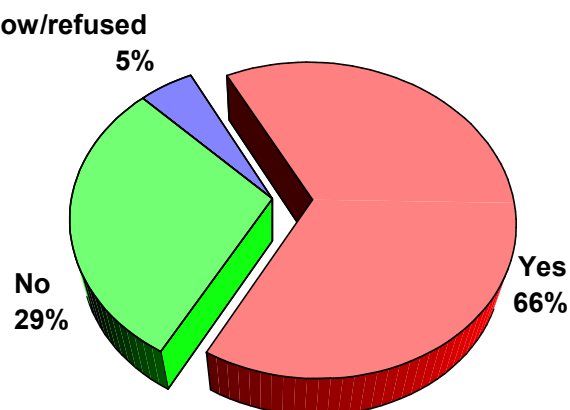
Fewer than one in three (31%) feel these medications are “very safe” and 14 percent actually believe opioids are dangerous.



Taking opioids is also perceived as a stigma for a significant proportion of chronic pain patients.

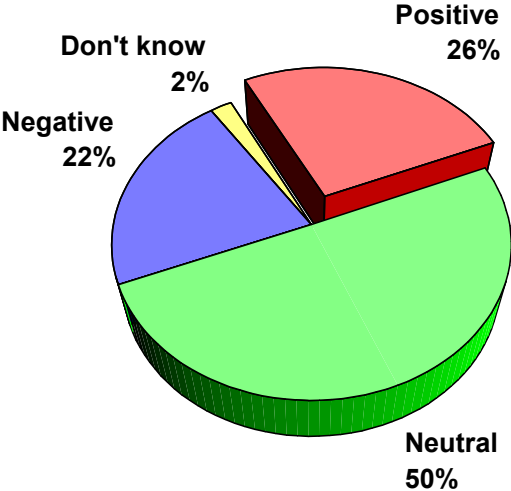
One in three (29%) of chronic pain patients who use opioids do not tell others they take these medications.

Tell Others about Type of Medications Used to Manage Pain



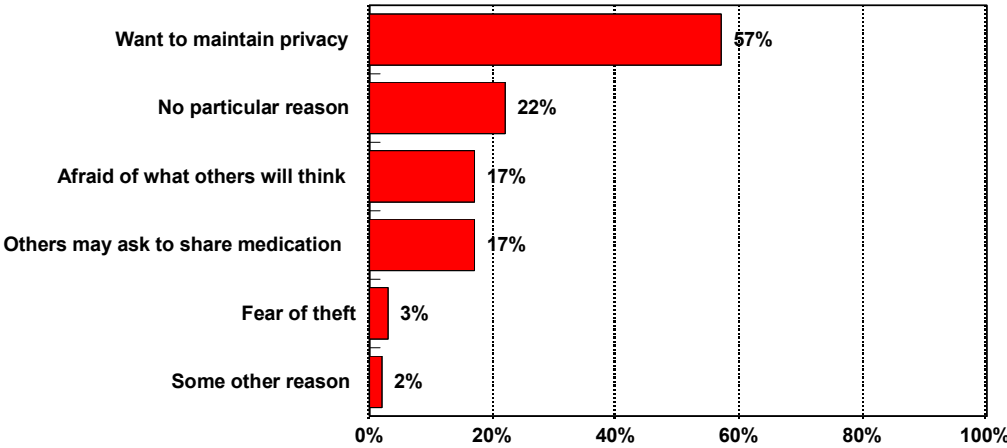
And, among those who do share this information, only 26 percent get a positive reaction from others when they tell others they are taking this class of medication.

Reaction from Others When Told About Taking Opioids



Privacy is the most frequently cited reason not telling others about opioid use, however many also mention they are afraid of what others may think (17%) or that others may ask to share their medication (17%).

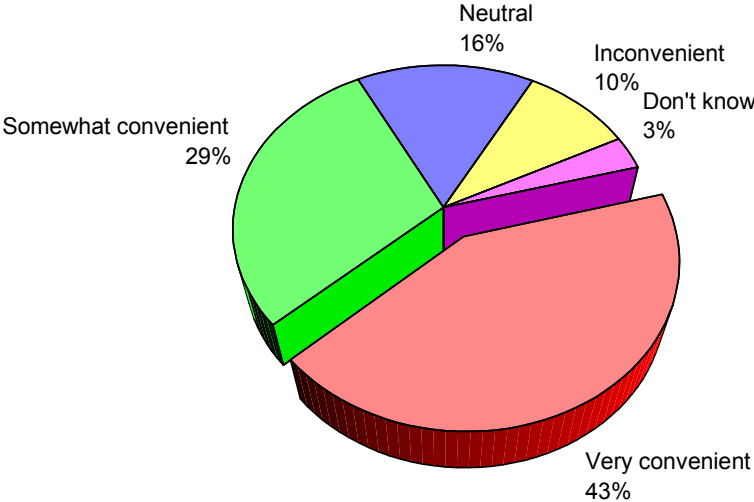
Reasons for Not Telling Others about Use of Opioids
Those Who Do Not Tell Others about Use of Opioids



In spite of these challenges, chronic pain users typically consider opioids convenient to take.

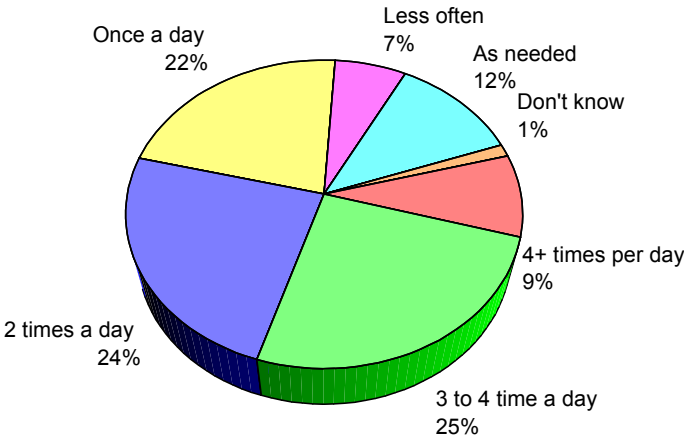
Almost half (43%) say these medications are “very convenient”. Only one in 10 feel opioids are inconvenient to take.

Convenience of Opioids



Nonetheless, many chronic pain patients would prefer a less frequent dosing regimen. On average, chronic pain patients prefer to take these medications twice each day, with 46 percent preferring a twice or once a day schedule. This compares to 34 percent who prefer a three or four time (or even more often) per day dosing.

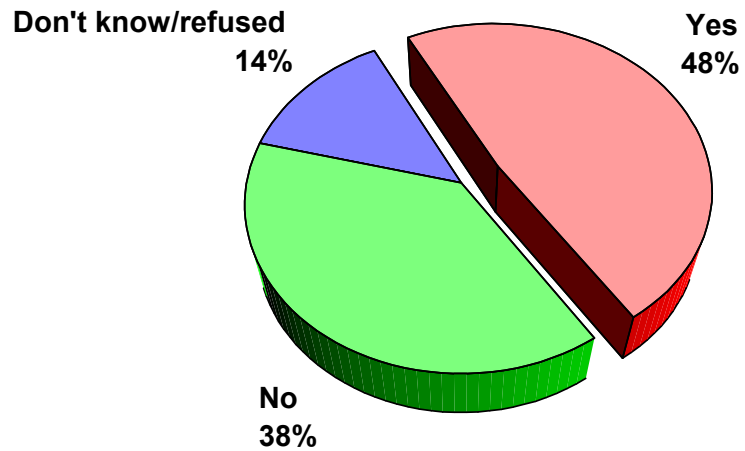
Ideal Dosing Schedule for Chronic Pain Medications



Many chronic pain patients are getting less than the optimal level of information they need about how to manage chronic pain.

Less than half (48%) believe they are getting enough information. By contrast, 38 percent do not get enough of this data to meet their needs.

Currently Getting Enough Information on Most Effective Way to Manage Chronic Pain



Profile of Respondents

Employed Outside Home 23%

Full-time 70%

Part-time 28%

Education Level

High School or less 20%

Some college 33%

Graduated college 25%

Graduate school 10%

Technical school 12%

Average Age 50 years

Income

Under \$25,000 27%

\$25,000 to less than \$35,000 14%

\$35,000 to less than \$75,000 35%

\$75,000 or more 18%

Gender

Male 48%

Female 52%

Questionnaire

Chronic Pain Survey

Nationally Representative On-Line Study of 300 American Adults
Ages 18 and Older Who Report Having Regular Pain & Take Opioids

INTRODUCTION:

ICR is a national public opinion polling firm. We are conducting a survey and we would like to include your opinions. We are not selling anything and your responses will be kept completely confidential.

1. Listed below are a number of different medical conditions that many people like yourself may experience. For each condition listed, please tell me how often, if at all, you experience it.

Do you experience it daily, every few days, about once a week, two or three times a month, once a month, every 2 or 3 months, less often or never?

- 1 Daily
- 2 Every Few Days
- 3 Once a Week
- 4 2 – 3 Times a Month
- 5 Once a Month
- 6 Every 2 or 3 Months
- 7 Less Often
- 0 Never

ROTATE LIST (a-k only)

- a. Headache including migraine
- b. Lower back pain
- c. Upper back pain
- d. Carpal tunnel syndrome or other hand or wrist pain
- e. Arthritis
- f. Neck pain or soreness
- g. Joint pain or soreness such as knees, hips or elbows
- h. Muscle pain
- i. Foot pain
- j. Pain related to another medical condition or treatment including cancer or surgery
- k. Stomach pain
- l. Another type of pain (SPECIFY) _____

RESPONDENT MUST MENTION “ONCE A MONTH OR MORE OFTEN” (ANY CODE 1-5) TO AT LEAST ONE ITEM IN Q.1a-l; OTHERWISE TERMINATE

2. You report having regular pain. How recently have you seen a doctor or other healthcare professional such as a nurse practitioner or physician’s assistant for treatment of that pain? Has it been...? PLEASE CHECK ONLY ONE RESPONSE

- 1 In the past month
- 2 2 to 3 months ago
- 3 4 to 6 months ago
- 4 7 to 9 months ago
- 5 10 to 12 months ago
- 6 More than 1 year ago TERMINATE
- D Don’t know TERMINATE

IF RESPONDENT SAYS MORE THAN 1 YEAR AGO or DON’T KNOW IN Q.2 THEN TERMINATE;
OTHERWISE CONTINUE WITH QUESTION 3.

3. Do you take medication for your pain?

- 1 Yes
- 2 No TERMINATE

IF RESPONDENT SAYS NO (CODE 2) IN Q.3 THEN TERMINATE; OTHERWISE CONTINUE.

4. How often do you take prescription medication for this pain? Is it...?

- 1 More than 4 times a day
- 2 3 to 4 times a day
- 3 2 times a day
- 4 Once a day
- 5 4 to 5 times a week
- 6 2 to 3 times a week
- 7 Once a week
- 8 Less often TERMINATE
- D Don’t know TERMINATE

IF RESPONDENT SAYS “LESS THAN ONCE A WEEK” (CODE 8 OR D) IN Q.4 THEN TERMINATE; OTHERWISE CONTINUE WITH QUESTION 5

5. Which of the following types of medicines did your doctor or other healthcare professional such as a nurse practitioner or physician's assistant prescribe or recommend for alleviating or controlling your pain? PLEASE CHECK ALL THAT APPLY

- 01 A non-prescription or over-the-counter product like aspirin, Tylenol, Motrin or Aleve
- 02 A prescription opioid drug such as codeine, OxyContin, Darvon, Vicodin, Percocet or Demerol CONTINUE
- 03 A prescription anti-inflammatory drug such as Celebrex, naproxen or ibuprofen
- 04 Cortisone or cortisone injections
- 97 Some other type of medicine (SPECIFY) _____
- DD Don't know

IF OPIOID (CODE 2) MENTIONED IN QUESTION 5, CONTINUE; OTHERWISE TERMINATE.

6. You mentioned that your doctor or other healthcare professional such as a nurse practitioner or physician's assistant prescribed an opioid (such as codeine, OxyContin, Darvon, Vicodin, Percocet or Demerol) to control your pain. Which of the following drugs were prescribed? PLEASE CHECK ALL THAT APPLY

- 01 OxyContin
- 02 Duragesic
- 03 MS Contin
- 04 Kadian
- 05 Oramorph SR
- 06 Avinza
- 07 Something else (SPECIFY) _____
- DD Don't know

ASK Q.7 FOR EACH TYPE OF PAIN MENTIONED “ONCE A MONTH OR MORE OFTEN”
(ANY CODE 1-5) IN Q.1a-l

7. In general, how would you describe the pain from (INSERT RESPONSE FROM Q.1)?
Would you say it is mild, moderate or severe? REPEAT FOR EACH QUALIFIED
ITEM MENTIONED IN QUESTION 1

- 1 Mild
- 2 Moderate
- 3 Severe
- 0 None
- D Don't Know

ROTATE LIST (a-k only)

- a. Headache including migraine
- b. Lower back pain
- c. Upper back pain
- d. Carpal tunnel syndrome or other hand or wrist pain
- e. Arthritis
- f. Neck pain or soreness
- g. Joint pain or soreness such as knees, hips or elbows
- h. Muscle pain
- i. Foot pain
- j. Pain related to another medical condition or treatment including cancer or surgery
- k. Stomach pain
- l. Another type of pain (SPECIFY) _____

ASK Q.8 FOR EACH TYPE OF PAIN MENTIONED IN Q.1a-l

8. And, how long have you lived with this (INSERT RESPONSE FROM Q.1) pain?
RECORD EXACT NUMBER; DO NOT ACCEPT RANGES

- 1 Record # of Years _____ (ALLOW 1-99)
- 2 Record # of Months _____ (ALLOW 1-12)
- 3 Record # of Weeks _____ (ALLOW 1-52)
- 4 Record # of Days _____ (ALLOW 1-7)

D Don't Know

ROTATE LIST (a-k only)

- a. Headache including migraine
- b. Lower back pain
- c. Upper back pain
- d. Carpal tunnel syndrome or other hand or wrist pain
- e. Arthritis
- f. Neck pain or soreness
- g. Joint pain or soreness such as knees, hips or elbows
- h. Muscle pain
- i. Foot pain
- j. Pain related to another medical condition or treatment including cancer or surgery
- k. Stomach pain
- l. Another type of pain (SPECIFY) _____

9. In your opinion, how much control do you feel you have over your pain? Do you have...?

- 1 A great deal of control
- 2 Some control
- 3 Only a little control
- 4 No control at all
- D Don't know

10. You mention that you have (INSERT RESPONSE FROM QUESTION 9) over your pain. How often do you experience breakthrough pain or a severe flare of pain? Is it...?

- 1 Several times a day
- 2 About once a day
- 3 Several times a week
- 4 About once a week
- 5 Less often
- 0 Not at all
- D Don't know

11. Overall, how important is it for you avoid breakthrough or severe flares of pain? Is it...?
PLEASE CHECK ONLY ONE RESPONSE

- 1 Very important
- 2 Somewhat important
- 3 Neither important nor unimportant
- 4 Somewhat unimportant
- 5 Very unimportant
- D Don't know

12. Do you tell others about the types of medication that you take to manage or control your pain?

- | | | |
|---|---------------------|---------------------|
| 1 | Yes | ASK QUESTION 13 |
| 2 | No | SKIP TO QUESTION 14 |
| 0 | I prefer not to say | SKIP TO QUESTION 15 |
| D | Don't know | SKIP TO QUESTION 15 |

ASK Q.13 IF CODE 1 (YES) IN Q.12; OTHERWISE SKIP TO INSTRUCTION BEFORE Q.14.

13. What is their reaction when you tell them you are taking an opioid (such as codeine, OxyContin, Darvon, Vicodin, Percocet or Demerol) to control your pain? Is their reaction...?

- 1 Very positive
- 2 Somewhat positive
- 3 Neither positive nor negative
- 4 Somewhat negative
- 5 Very negative
- D Don't know

ASK Q.14 IF CODE 2 (NO) IN Q.12; OTHERWISE SKIP TO Q.15.

14. Why do you prefer not to tell others that you are taking an opioid (such as codeine, OxyContin, Darvon, Vicodin, Percocet or Demerol) to control your pain? PLEASE CHECK ALL THAT APPLY

- 01 I am afraid of what others may think
- 02 I think others may ask me to share my medications
- 03 I want to maintain my privacy
- 04 No particular reason
- 07 Some other reason

(SPECIFY) _____

- 00 I prefer not to say
- DD Don't know

15. Has any of the following ever happened as a result of your chronic or regular pain? PLEASE CHECK ALL THAT APPLY

(ROTATE LIST 1-8)

- 1 Feeling depressed
- 2 Loss of appetite
- 3 Inability to sleep
- 4 Difficulty walking or moving
- 5 Inability to concentrate
- 6 Inability to drive
- 7 Loss of a job or a chance for a promotion
- 8 Strained relationships with family or friends
- N None of the above

ASK QUESTION 16

IF RESPONDENT REPORTS, "FEELING DEPRESSED"(CODE 1) IN QUES. 15,
ASK QUESTION 16; OTHERWISE SKIP TO QUESTION 18

16. Have you received treatment or therapy for this depression?

- 1 Yes
 - 2 No
 - 0 I prefer not to say
 - D Don't know
- ASK QUESTION 17

IF RESPONDENT SAYS "YES" (CODE 1) TO QUESTION 16, ASK QUESTION 17;
OTHERWISE SKIP TO QUESTION 18

17. As part of this treatment or therapy for depression, did your doctor or therapist or other healthcare professional such as a nurse practitioner or physician's assistant prescribe any of the following types of medication? PLEASE CHECK ALL THAT APPLY

- 01 Anti-depressants such as Prozac, Wellbutrin or Zoloft
- 02 Anti-anxiety medication such as Valium, Xanax or Klonopin
- 07 Another medication (SPECIFY) _____
- 00 I prefer not to say
- DD Don't know

18. Other than the physical pain you experience, have there been any negative effects on your life because of your treatment for chronic or regular pain?

- 1 Yes
- 2 No
- 0 I prefer not to say
- D Don't know

19. How much impact does your pain have on your ability to participate in each of the following aspects of your day-to-day life? Is it a great deal of impact, some impact, only a little impact or no impact at all?

- 1 Great Deal Of Impact
- 2 Some Impact
- 3 Only A Little Impact
- 0 No Impact At All
- D Don't Know

ROTATE LIST

- a. Taking care of household chores
- b. Driving a car
- c. Shopping
- d. Working
- e. Sports and other physical activities
- f. Walking
- g. Standing
- h. Sitting
- i. Sleeping
- j. Relationships with friends
- k. Just enjoying life
- l. Relationships with your family
- m. Playing with your children or grandchildren
- n. Having all the energy you are used to having
- o. Going to the movies or theater
- p. Romantic or sexual relationships
- q. Getting along with your co-workers

20. Next, please tell how much you agree with each of the following statements about opioid pain relievers such as codeine, OxyContin, Darvon, Vicodin, Percocet or Demerol that your doctor or other healthcare professional such as a nurse practitioner or physician's assistant prescribed? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree with each statement?

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- D Don't Know

ROTATE LIST

- a. Opioids work very well to control my pain
- b. I am uncomfortable with the number of times a day I have to take opioids
- c. I worry about addiction or dependency on the drug
- d. Opioids are safe to take if I follow my doctor's or other healthcare professional such as a nurse practitioner or physician's assistant instructions
- e. I worry about what others may think because I take an opioid for my pain
- f. I find it difficult to follow my doctor's or other healthcare professional such as a nurse practitioner or physician's assistant instructions about how to take these drugs
- g. I sometimes find it hard to consistently control my pain throughout the day with these medications

21. In your opinion, how effective are opioids such as codeine, OxyContin, Darvon, Percocet or Demerol in helping to control or alleviate your pain? Are they...?

PLEASE CHECK ONLY ONE RESPONSE

- 1 Very effective
- 2 Somewhat effective
- 3 Neither effective nor ineffective
- 4 Somewhat ineffective
- 5 Very ineffective
- D Don't know

22. And, in your opinion, how safe are opioids such as OxyContin, Darvon, Percocet or Demerol if you follow your doctor's or other healthcare professional such as a nurse practitioner or physician's assistant instructions? Are they...? PLEASE CHECK ONLY ONE RESPONSE

- 1 Very safe
- 2 Somewhat safe
- 3 Neither safe nor dangerous
- 4 Somewhat dangerous
- 5 Very dangerous
- D Don't know

23. How convenient are opioids such as OxyContin, Darvon, Percocet or Demerol to take? Are they...? PLEASE CHECK ONLY ONE RESPONSE

- 1 Very convenient
- 2 Somewhat convenient
- 3 Neither convenient nor inconvenient
- 4 Somewhat inconvenient
- 5 Very inconvenient
- D Don't know

24. In your opinion, what would be the ideal number of times for you to take your medication for your chronic or regular pain? Is it...?

- 1 More than 4 times a day
- 2 3 to 4 times a day
- 3 2 times a day
- 4 Once a day
- 5 4 to 5 times a week
- 6 2 to 3 times a week
- 7 Once a week
- 8 Less often
- 9 Only as needed
- D Don't know

25. Next, are a series of statements about pain. After you read you each of these statements, please indicate if you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree with each statement.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree Nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree
- D Don't know

ROTATE LIST

- a. Pain is just something you have to live with
- b. I am uncomfortable with the idea of taking any pain medication on a regular basis
- c. I hesitate to take pain medication because I'm afraid I might get addicted
- d. I will only go to see a doctor or other healthcare professional such as a nurse practitioner or physician's assistant when I can't stand the pain any more
- e. I don't believe there is any real solution for my pain
- f. I get upset when I can't do the things I like because of my pain
- g. I'm looking for new options and choices to treat my pain
- h. I am satisfied with the medications I am currently using to treat my pain
- i. The drugs I take for pain do very little to stop my pain
- j. I worry about the long-term effects of pain medication

26. Do you feel you are currently getting enough information on the best and most effective ways to manage your regular or chronic pain?

- 1 Yes
- 2 No
- 0 I prefer not to say
- D Don't know

DEMOGRAPHICS

These last few questions are for classification purposes so that we can understand your answers to the previous questions. I want to assure you that your responses to these questions are completely confidential and your name will not be associated with the responses.

27. Currently, are you yourself employed outside your home?

- 1 Yes
 - 2 No
 - D Don't know
 - R I prefer not to say
- CONTINUE

ASK Q.28 IF CODE 1 (YES) IN Q.27; OTHERWISE SKIP TO Q.30

28. Are you employed outside your home full-time or part-time?

- 1 Full-time
- 2 Part-time
- D Don't know
- R I prefer not to say

29. And, which one of the following best describes your job? RECORD ONLY ONE RESPONSE

- 1 Executive or managerial
- 2 Professional
- 3 Technical
- 4 Sales
- 5 Clerical or administrative
- 6 Skilled or semiskilled worker
- 7 Laborer
- 8 Service worker
- 0 None of these
- D Don't know
- R I prefer not to say

30. What is the last grade of school you completed? RECORD ONLY ONE RESPONSE.

- 1 Less than high school graduate
- 2 High school graduate
- 3 Some college
- 4 Graduated college
- 5 Graduate school or more
- 6 Technical school/ other
- 0 None of these
- D Don't know/unsure
- R I prefer not to say

31. In what year were you born?

RECORD 4-DIGIT NUMBER _____

- R I prefer not to say

32. In which of the following groups does your total annual before tax household income from all sources fall? Is it...? CHECK ONLY ONE RESPONSE

- 1 Under \$25,000
- 2 \$25,000 but less than \$35,000
- 3 \$35,000 but less than \$50,000
- 4 \$50,000 but less than \$75,000
- 5 \$75,000 but less \$100,000
- 6 \$100,000 or more
- D Don't Know/unsure
- R I prefer not to say

33. Are you of Hispanic or Latino origin?

- 1 Yes
- 2 No
- D Don't know/unsure
- R I prefer not to say

34. With which one of the following do you identify yourself as being?

- 1 White or Caucasian
- 2 Black or African-American
- 3 Asian
- 7 Something else (PLEASE SPECIFY)

D Don't know/unsure

R I prefer not to say

35. Are you...?

- 1 Male
- 2 Female

Thank you for your time and for participating in this survey.