**SURVEY**

**Caregiver provision and acceptance of analgesia for children in the acute care setting: a multi-centered study**

Thank you for taking the time to complete this short questionnaire.

These questions ask your opinions of how pain can be managed in children.

Please answer each question to the best of your ability.

The research assistant will be there to help clarify questions if you need help.

Your responses will not affect your child’s care in the emergency department.

The following questions ask about your background:

1. What age group do you fall into?

🞏 41 or older

🞏 36-40

🞏 31-35

🞏 26-30

🞏 21-25

🞏 14-20

1. What is your sex?

🞏 Female

🞏 Male

🞏 Transgendered

1. What is the highest education level you have completed?

🞏 Postgraduate or graduate degree (eg. Masters level, professional school, or higher)

🞏 University or college (eg. Western University or Fanshawe College)

🞏 Vocational institution (eg. Trade school)

🞏 High school

🞏 Elementary school

1. Do you presently or have you ever worked in a health care field that involves direct patient care?

🞏 Yes

🞏 No

🞏 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you currently or have you ever had a long-standing condition associated with pain?

🞏 Yes

🞏 No

🞏 Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following questions ask about your child's background:

1. Have you ever treated your child or their siblings for a painful condition with pain-relieving medication?

 🞏 Yes Please specify medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 No

1. How many siblings does your child have?: \_\_\_\_\_\_\_\_\_\_
2. Are you able to tell when your child is in pain?

🞏 Yes, very easily (all of the time)

🞏 Yes, somewhat easily (most of the time)

🞏 I am able to tell about half the time

🞏 No, not that easily (only some of the time)

🞏 No, not easily at all (none of the time)

**The following questions ask about what happened before you arrived to the emergency department**

1. On a scale of 0 to 10 (0 = no pain to 10 = worst ever pain for your child), what was the maximum amount of pain you feel your child was in related to the condition that brought them to the emergency department? \_\_\_\_\_\_\_\_
2. Did you give your child any treatment for relief of pain before arriving to the emergency department?

🞏 Yes

🞏 No

1. *If yes to 10* What treatment did you give your child for pain before arriving to the emergency department? (check all that apply)

🞏 Morphine OR Percocet OR Dilaudid

🞏 Acetaminophen (Tylenol®, Tempra®)

🞏 Ibuprofen (Advil®, Motrin®)

🞏 Cold or warm compress

🞏 Splint, sling, or bandage

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *If no to 10* What was your reason for choosing not to give treatment for pain (check all that apply)

🞏 I was concerned about side effects

🞏 I was concerned that my child might get addicted to the pain medicine

🞏 I was worried that it would make it hard for the doctors to figure out what's going on

🞏 I didn't think that my child was in enough pain

🞏 My child doesn't like taking medication

🞏 There was no time to give medication

🞏 I don't normally give my child pain medication for this condition

🞏 I don't believe that medication is all that helpful

🞏 I thought my child should "tough it out"

🞏 My child has a high pain tolerance

🞏 I don't have any pain medication at home or in the car

🞏 I believed that this was the job of the doctors and nurses in the emergency department or paramedics

🞏 I was worried that it would mask how serious my child's complaint was

🞏 My child was vomiting

🞏 I treated my child with something other than medicine. Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following questions ask about your opinions on pain treatment**

1. What treatment(s) do you feel is (are) appropriate for the pain associated with this condition in once you are in the emergency department? (check all that apply)

🞏 No treatment for the pain associated with this condition is necessary

🞏 By mouth morphine OR Percocet® OR Dilaudid®

🞏 By mouth acetaminophen (Tylenol®, Tempra®)

🞏 By mouth ibuprofen (Advil®, Motrin®)

🞏 Rectal acetaminophen (Tylenol®, Tempra®)

🞏 Intravenous morphine

🞏 Fentanyl through the nose

🞏 Cold or warm compress

🞏 Splint, sling, or bandage

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you believe that your child can possibly become addicted to opioid medication (fentanyl, morphine, Percocet®, Dilaudid®) if used for a short time (less than 5 doses) in the correct dose?

🞏 Yes

🞏 Sometimes

🞏 No

🞏 Unsure

1. Do you believe that your child can become possibly addicted to ibuprofen (Advil®, Motrin®) if used for a short time (less than 5 doses) in the correct dose?

🞏 Yes

🞏 It is possible

🞏 No

🞏 Unsure

1. Do you believe that your child can possibly become addicted to acetaminophen (Tylenol®, Tempra®) if used for a short time (less than 5 doses) in the correct dose?

🞏 Yes

🞏 It is possible

🞏 No

🞏 Unsure

1. Do you believe that opioid medication (fentanyl, morphine, Percocet®, Dilaudid®) can possibly cause serious harm to your child if used for a short time (less than 5 doses) in the correct dose?

🞏 Yes

🞏 It is possible

🞏 No

🞏 Unsure

1. Do you believe that ibuprofen (Advil®, Motrin®) can possibly cause serious harm to your child if used for a short time (less than 5 doses) in the correct dose?

🞏 Yes

🞏 It is possible

🞏 No

🞏 Unsure

1. Do you believe that acetaminophen (Tylenol®, Tempra®) can possibly cause serious harm to your child if used for a short time (less than 5 doses) in the correct dose?

🞏 Yes

🞏 It is possible

🞏 No

🞏 Unsure

**The following questions ask about your experience in the emergency department?**

1. Who was the first person to offer your child medication for pain related to this condition?

🞏 No health care worker offered my child pain medication

🞏 Paramedic GO TO Q21

🞏 Nurse GO TO Q21

🞏 Doctor GO TO Q21

🞏 I'm not sure

1. Did you or your child accept the treatment that was offered?

🞏 Yes GO TO Q23

🞏 No GO TO Q22

1. *If no to 21* What was the reason for not accepting the treatment? (check all that apply)

🞏 I was concerned about side effects

🞏 I was concerned that my child might get addicted to the pain medicine

🞏 I was worried that it would make it hard for the doctors to figure out what's going on

🞏 I didn't think that my child was in enough pain

🞏 My child doesn't like taking medication

🞏 My child refused medication

🞏 I don't normally give my child pain medication for this condition

🞏 I don't believe that pain medication is all that helpful

🞏 I thought my child should "tough it out"

🞏 My child has a high pain tolerance

🞏 I was worried that it would mask how serious my child's complaint was

🞏 My child was vomiting

🞏 I didn't want my child to get an IV

🞏 I wanted to treat my child with something other than a drug Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you feel about managing your child's pain at home?

🞏 I feel very confident

🞏 I feel somewhat confident

🞏 I feel neither confident nor unsure

🞏 I feel somewhat unsure

🞏 I feel very unsure

1. How do you feel about the way your child's pain was managed in the emergency department?

🞏 I feel pain was managed very well

🞏 I feel pain was managed somewhat well

🞏 Neutral

🞏 I feel pain wasn't managed as well as it could have been

🞏 I feel pain wasn't managed well at all

1. How do you feel about the care your child received in the emergency department?

🞏 I feel very satisfied

🞏 I feel somewhat satisfied

🞏 I feel neither satisfied nor unsatisfied

🞏 I feel somewhat unsatisfied

🞏 I feel very unsatisfied

26) Did you or your child receive any instructions or advice on how to recognize or manage pain at home from either the nurse or physician?

🞏 Yes

🞏 No

🞏 I don’t recall

27) Was you/your child’s pain reassessed by a nurse or physician during your emergency department visit?

🞏 Yes

🞏 No

🞏 I don’t recall

THE END. Thank you for your participation.