You are invited to participate in a **panCanadian survey about multidisciplinary pain treatment clinics** which is being conducted by the Registry Working Group of the CIHR - SPOR Canadian Chronic Pain Network in collaboration with the Canadian Agency for Drugs and Technologies in Health (CADTH). A multidisciplinary pain treatment clinic is defined as "*a health care delivery facility staffed with health care professionals who are specialized in the diagnosis and management of patients with chronic pain." (International Association for the Study of Pain, 1990)*[1]

This questionnaire should take 30 minutes to complete, and will be very helpful in providing us with a comprehensive picture of your pain clinic. You can fill out part of the questionnaire and return to it later on.

By responding to all questions of this survey, you consent that the contact information of your clinic along with a summarized version of the information collected will be posted on the SPOR Chronic Pain Network website.

We would gratefully value survey completion by XXX. A reminder will be sent two weeks prior to this deadline date.

Many thanks advance for taking your time to answer our questionnaire.

[1] *Task Force on Guidelines for Desirable Characteristics for Pain Treatment Facilities. Desirable Characteristics for Pain Treatment Facilities*, IASP, 1990. Retrieved from: http://www.iasp-pain.org/Education/Content.aspx?ItemNumber=1471

MULTIDISCIPLINARY PAIN TREATMENT CLINICS
Online Survey

PAIN CLINIC INFORMATION

1. Clinic identification:

   Name ____

   Medical Director's name ____

   Address ____

   Phone number (____) ____

   Fax number (____) ____

   E-mail address ____

   Website URL, if applies ____

2. Contact information:

   Person who fills out this questionnaire, if different than the Medical Director

   Name ____________________________

   Position ____________________________

   Phone number (____) ____________________

   E-mail address ____________________________

3. Does your clinic describe itself as a pain clinic or a pain centre and/or advertize as specialized multidisciplinary services for diagnosis and management of patients with chronic pain?

   ☐ Yes → Please go to the next question

   ☐ No → Thank you for your collaboration and for having taken the time to answer this questionnaire

4. Does your clinic have a minimum of three different health care disciplines (whose services are available and integrated within your pain clinic or centre) including at least one medical specialty (e.g., anesthesiology, psychology, physiotherapy)?
   - ☐ Yes → Please go to the next question
   - ☐ No → Thank you for your collaboration and for having taken the time to answer this questionnaire

5. Where is your clinic located?
   Please tick the box that applies
   - ☐ Hospital
   - ☐ Rehabilitation centre
   - ☐ Free standing clinic

   5.1 Is your clinic university-affiliated?
   - ☐ Yes
   - ☐ No

CLINICAL ACTIVITIES

General volume

6. Number of weeks per year that your pain clinic operates _________

7. Total number of new consultations the last 12 months _________

8. Total number of follow-up visits the last 12 months (including medical visits, physiotherapy sessions, psychotherapy counselling, etc.) _________

9. Total number of patients waiting to be evaluated and treated in your clinic _________

10. Average wait time for:

    10.1 a 1st visit in number of weeks to obtain an appointment at your clinic _________

    10.2 a 1st consultation with a nurse and/or a other non physician healthcare professional(s) for patient education _________

    10.3 a 1st consultation with a physician with or without other healthcare professional(s) _________

11. Do you treat only one type of pain syndrome in your clinic?

☐ Yes → *If yes, please specify the pain syndrome treated* ________________________

☐ No → *If no, go to question 11.1*

11.1 Please estimate the three (3) chronic pain syndromes most frequently treated in your pain clinic

Chronic pain syndromes	*1st most frequent*	*2nd most frequent*	*3rd most frequent*
Low back pain	☐	☐	☐
Neck pain	☐	☐	☐
Headache/migraine	☐	☐	☐
Postherpetic neuralgia	☐	☐	☐
Neuropathic pain (excluding low back pain or neck pain)	☐	☐	☐
Fibromyalgia	☐	☐	☐
Osteoarthritis	☐	☐	☐
Rheumatoid arthritis	☐	☐	☐
Other types of arthritis	☐	☐	☐
CRPS (chronic regional pain syndrome)	☐	☐	☐
Pelvic pain	☐	☐	☐
Cancer pain syndromes	☐	☐	☐
Craniofacial pain	☐	☐	☐
Other (specify and indicate if 1st, 2nd or 3rd most frequent) ____________________	☐	☐	☐
Other (specify and indicate if 1st, 2nd or 3rd most frequent) ____________________	☐	☐	☐
Other (specify and indicate if 1st, 2nd or 3rd most frequent) ____________________	☐	☐	☐

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12. Does your clinic hold regular multidisciplinary meetings to discuss clinical cases (assessment and/or management)?
    Please specify the number in weeks or months

    ☐ Yes → *If yes, at what frequency?* _______/*weeks* or _______/*months*

    ☐ No

    12.1 Please indicate the percentage of your patients who are assessed by more than one healthcare professional at the same time (e.g., physician and psychologist)? ______%

TREATMENT MODALITIES

(2)

Please indicate all treatment modalities offered within your pain clinic

Pharmacological modalities

13. Do you provide pharmacologic therapy in your facility?
    ☐ Yes
    ☐ No

14. Do you prescribe opioids in your clinic?
    ☐ Yes → *If yes, please indicate the use of a patient opioid contract agreement for opioid prescriptions*
    ☐ Systematically with all patients
    ☐ With the majority of patients
    ☐ In specific cases only
    ☐ No

15. Do you use urine-screening tests for patients on opioids?
    ☐ Yes → *If yes, please indicate the frequency of urine tests for patients on opioids*
    ☐ Systematically with all patients
    ☐ With the majority of patients
    ☐ In specific cases only
    ☐ No

16. Do you offer infusion therapy?
    ☐ Yes → *If yes, which type(s) of infusion therapy do you use?*
    ☐ Lidocaine
    ☐ Ketamine
    ☐ Phosphonate
    ☐ Other (specify) ________________________________
    ☐ No

17. Does your clinic assist patients in obtaining approval for medical marijuana?
    ☐ Yes
    ☐ No

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18. Do you prescribe medical marijuana to patients in your clinic?
    - ☐ Yes
    - ☐ No

Intervention modalities

19. Do you provide interventional procedures in your clinic?
    - ☐ Yes → *If yes, which of these imaging modalities for injection do you use?*
      ☐ Fluoroscopy ☐ Ultrasound ☐ No imaging equipment
    - ☐ No

19.1 Which of these procedures are performed within your clinic?
Please tick the appropriate boxes and indicate whether the following performed procedures are publicly funded or not

Performed procedures	*Yes*	*No*
☐ Trigger point injection	☐	☐
☐ Deep muscle/soft tissue injection	☐	☐
☐ Joint injection	☐	☐
☐ Epidural steroid injection (image guided)	☐	☐
☐ Epidural steroid injection (non-image guided)	☐	☐
☐ Transforaminal injection	☐	☐
☐ Caudal injection	☐	☐
☐ Facet injection (image guided)	☐	☐
☐ Facet injection (non-image guided)	☐	☐
☐ Vertebroplasty	☐	☐
☐ Epiduroscopy	☐	☐
☐ Botulinum toxin injection	☐	☐
☐ Radiofrequency ablation for spine	☐	☐
☐ Radiofrequency ablation for large joint	☐	☐
☐ Radiofrequency ablation for peripheral nerve	☐	☐
☐ Sympathetic block upper trunk	☐	☐
☐ Sympathetic block lower trunk	☐	☐
☐ Sympathetic neurolysis	☐	☐
☐ Intravenous regional anesthesia	☐	☐
☐ Peripheral nerve block	☐	☐
☐ Spinal cord stimulation	☐	☐
☐ Intrathecal pump	☐	☐
☐ Cryotherapy	☐	☐
☐ Other (specify) ________________________	☐	☐

Physical/cognitive behavioral/psychological modalities

20. Which of these treatment modalities are provided within your clinic?
Please tick the appropriate boxes and indicate whether the following treatment modalities are publicly funded or not

Treatment modalities	*Yes*	*No*
☐ Intramuscular stimulation	☐	☐
☐ Electrical stimulation (TENS)	☐	☐
☐ Acupuncture	☐	☐
☐ Hydrotherapy	☐	☐
☐ Massage	☐	☐
☐ Pelvic floor therapy	☐	☐
☐ Therapeutic touch	☐	☐
☐ Group exercise program	☐	☐
☐ Biofeedback	☐	☐
☐ Graded motor imagery (mirror therapy)	☐	☐
☐ Active Release Technique (ART)	☐	☐
☐ Occupational therapy	☐	☐
☐ Recreational therapy	☐	☐
☐ Pharmacy counseling	☐	☐
☐ Nutrition counseling	☐	☐
☐ Sex therapy	☐	☐
☐ Hypnosis	☐	☐
☐ Cognitive behavioral therapy	☐	☐
☐ Dialectical behavior therapy	☐	☐
☐ Mindfulness stress reduction program	☐	☐
☐ Self-management program	☐	☐
☐ Group education	☐	☐
☐ Relaxation /breathing techniques	☐	☐
☐ Individual psychotherapy	☐	☐
☐ Group psychotherapy	☐	☐
☐ Family/couple therapy	☐	☐
☐ Other (specify) ______________________	☐	☐

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TECHNOLOGIES AND DATA COLLECTION

21. Does your clinic offer telemedicine-based direct services to patients?
   - ☐ Yes
   - ☐ No

22. Which type(s) of format do you use to collect information in your clinic?
Tick the appropriate boxes
- ☐ Paper
- ☐ Electronic → *If yes, go to question 22.1*
- ☐ Online → *If yes, go to question 22.1*

22.1 Which technologie(s) do you use to gather data on your patients?
Tick the appropriate boxes
- ☐ Laptops/tablets (Apple iPad, Samsung Galaxy, Google Chromebook, etc.)
- ☐ Smartphones (iOS, Android, etc.)
- ☐ Personal computers (Excel, etc.)
- ☐ Other (specify) ____________________

23. What is your electronic data capture system?
Tick the appropriate box
- ☐ CHOIR
- ☐ Excel spreadsheet
- ☐ Microsoft SQL
- ☐ Oracle
- ☐ REDCap
- ☐ Other (specify) ____________________

24. What type of computer-based system(s) your clinic is linked to?
Tick the appropriate boxes

Computer-based systems	*Yes*	*No*
Electronic medical records (e.g., *Allscripts*, *Cerner*, *EPIC*)	☐	☐
Clinical e-referral form (e.g., *ARM system*)	☐	☐
Electronic/online medical dictionary (e.g., *MedlinePlus*, *Stedmans*)	☐	☐
Medico-administrative database	☐	☐

Other (specify) ____________________

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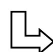
POPULATION AND PATIENT TRIAGE

25. What type of patient populations do you treat in your pain clinic?
Tick the box that applies

☐ Adults
☐ Children
☐ Adults and children

26. Do referred patients need to meet precise criteria regarding the duration of their pain experience?

☐ Yes ☐ No

 *If yes, tick the box that applies to the duration of pain*

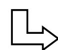
☐ Pain must have been present for 3 months or more
☐ Pain must have been present for 6 months or more
☐ Other (specify) ____

27. Do you exclude patients who suffer from a specific pain syndrome (e.g., migraine, fibromyalgia, etc.)?

☐ Yes → *If yes, please specify the pain syndrome* _________________________
☐ No

28. Do you have any other exclusion criteria?

☐ Yes ☐ No

 *If yes, tick the boxes that apply to the exclusion criteria*

☐ Patient who has any major active psychiatric disorder
☐ Patient who has a litigation in progress
☐ Patient who has a substance abuse disorder
☐ Other (specify) ____
☐ Other (specify) ____

29. Does your clinic accept direct referral from the local emergency department?

☐ Yes
☐ No
☐ Not applicable

30. Does your clinic use a priority classification system for urgency of patient scheduling in order to expedite certain types of referrals?

☐ Yes ☐ No

If yes, please specify the type(s) of referrals by order of priority from 1 to 5 (1 being most important and 5 being least important)

Priority 1 (specify) ____

Priority 2 (specify) ____

Priority 3 (specify) ____

Priority 4 (specify) ____

Priority 5 (specify) ____

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STAFF COMPOSITION AND AVAILABILITY

Medical specialties integrated within your pain clinic

31. Please indicate the number of physicians (excluding residents and fellows) who are actively working in your pain clinic.
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

Medical specialties	*Number of physicians working 4-5 days/week*	*Number of physicians working 2-3 days/week*	*Number of physicians working 1 or less day/week*
Anesthesiology	_______	_______	_______
Neurology	_______	_______	_______
Rheumatology	_______	_______	_______
Physical medicine and rehabilitation	_______	_______	_______
Family medicine	_______	_______	_______
Gynaecology	_______	_______	_______
Gastroenterology	_______	_______	_______
Orthopaedic surgery	_______	_______	_______
Internal medicine	_______	_______	_______
Psychiatry	_______	_______	_______
Addiction medicine	_______	_______	_______
Other (specify)	_______	_______	_______
________________	_______	_______	_______
________________	_______	_______	_______

Experience and training of physicians

31.1 How many years of experience in pain management do the physicians in your clinic have?
Please indicate the number of physicians in each of the following categories

<5 years: _____ 5-10 years: _____ >10 years: _____

31.2 How many physicians in your pain clinic have advanced fellowship training in pain management greater than 3 months? _____

31.3 How many physicians in your clinic are accredited for pain management from national credentialing bodies?

Royal College of Physicians and Surgeons of Canada (RCPSC) in Pain Medicine subspecialty ________
American Board of Pain Medicine ________
Royal College in Pain Medicine in United Kingdom ________
Royal College in Pain Medicine in Australia ________
Other (specify) ____ ________

31.4 How many physicians with credentials in pain medicine from a national society do you have in your pain clinic?

Canadian Academy of Pain Medicine (CAPM) ________
Diplomate of the American Academy of Pain Management (DAAPM) ________
Diplomate of the American Board of Pain Medicine (DABPM) ________
European Pain Federation (EFIC) ________
Other (specify) ____ ________

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Medical residents and fellows integrated within your pain clinic

32. Please indicate the number of medical residents and fellows in your clinic per year.

Medical specialties	*Number of residents per year*	*Number of fellows per year*
Anesthesiology	________	________
Neurology	________	________
Rheumatology	________	________
Physical medicine and rehabilitation	________	________
Family medicine	________	________
Gynaecology	________	________
Gastroenterology	________	________
Orthopaedic surgery	________	________
Internal medicine	________	________
Psychiatry	________	________
Addiction medicine	________	________
Other (specify)	________	________
__________________	________	________
__________________	________	________
__________________		

Nursing

33. Are there nursing services in your clinic?
Please tick the box that applies

☐ Available and integrated within your pain clinic → Please go to question 33.1

☐ Available in your institution, but not integrated within your pain clinic → Please go to question 34

☐ Not available → Please go to question 34

33.1 Please indicate the number of nurses who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week (excluding nursing time devoted to research activities)

Nursing specialties	*Number of nurses working 4-5 days/week*	*Number of nurses working 2-3 days/week*	*Number of nurses working 1 or less day/week*
Assistant nurses	______	______	______
Registered nurses	______	______	______
Nurse practitioners	______	______	______
Clinical nurse specialists	______	______	______

Nursing subspecialties

33.1.1 Are there nursing subspecialties within your clinic?

☐ Yes ☐ No

If yes → Please specify the type and number of specialized nurse(s) (e.g., pain management, anesthesist, orthopaedic, mental health, occupational health, dietetic, etc.)

Specialized nurses (specify the type)	*Number (#)*
______________________	______
______________________	______
______________________	______
______________________	______
______________________	______

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Psychology

34. Are there services of a psychologist?
Please tick the box that applies

☐ Available and integrated within your pain clinic → Please go question 34.1

☐ Available in your institution but not integrated within your pain clinic → Please go to question 35

☐ Not available → Please go to question 35

34.1 Please indicate the number of psychologists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of psychologists working 4-5 days/week	*Number of psychologists working 2-3 days/week*	*Number of psychologists working 1 or less day/week*
Psychologists	_______	_______	_______

Social work

35. Are there services of a social worker?
Please tick the box that applies

☐ Available and integrated within your pain clinic → Please go to question 35.1

☐ Available in your institution, but not integrated within your pain clinic → Please go to question 36

☐ Not available → Please go to question 36

35.1 Please indicate the number of social workers who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of social workers working 4-5 days/week	*Number of social workers working 2-3 days/week*	*Number of social workers working 1 or less day/week*
Social workers	_______	_______	_______

Sex therapy

36. Are there services of a sex therapist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 36.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 37
- ☐ Not available → Please go to question 37

36.1 Please indicate the number of sex therapists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of sex therapists working 4-5 days/week	*Number of sex therapists working 2-3 days/week*	*Number of sex therapists working 1 or less day/week*
Sex therapists	_______	_______	_______

Mental health counselling or psychotherapy services

37. Are there services of a therapist in mental health counselling or psychotherapy?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 37.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 38
- ☐ Not available → Please go to question 38

37.1 Please indicate the type(s) and number of therapists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

Therapists (specify the type)	*Number of therapists working 4-5 days/week*	*Number of therapists working 2-3 days/week*	*Number of therapists working 1 or less day/week*
________________________	_______	_______	_______
________________________	_______	_______	_______
________________________	_______	_______	_______

Physiotherapy

38. Are there services of a physiotherapist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 38.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 39
- ☐ Not available → Please go to question 39

38.1 Please indicate the number of physiotherapists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of physiotherapists working 4-5 days/week	*Number of physiotherapists working 2-3 days/week*	*Number of physiotherapists working 1 or less day/week*
Physiotherapists	_______	_______	_______

Kinesiology

39. Are there services of a kinesiologist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 39.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 40
- ☐ Not available → Please go to question 40

39.1 Please indicate the number of kinesiologists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of kinesiologists working 4-5 days/week	*Number of kinesiologists working 2-3 days/week*	*Number of kinesiologists working 1 or less day/week*
Kinesiologists	_______	_______	_______

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Occupational therapy

40. Are there services of an occupational therapist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 40.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 41
- ☐ Not available → Please go to question 41

40.1 Please indicate the number of occupational therapists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of occupational therapists working 4-5 days/week	*Number of occupational therapists working 2-3 days/week*	*Number of occupational therapists working 1 or less day/week*
Occupational therapists	________	________	________

Chiropractic

41. Are there services of a chiropractor?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 41.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 42
- ☐ Not available → Please go to question 42

41.1 Please indicate the number of chiropractors who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of chiropractors working 4-5 days/week	*Number of chiropractors working 2-3 days/week*	*Number of chiropractors working 1 or less day/week*
Chiropractors	________	________	________

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Acupuncture

42. Are there services of an acupuncturist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 42.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 43
- ☐ Not available → Please go to question 43

42.1 Please indicate the number of acupuncturists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of acupuncturists working 4-5 days/week	*Number of acupuncturists working 2-3 days/week*	*Number of acupuncturists working 1 or less day/week*
Acupuncturists	_______	_______	_______

Pharmacy

43. Are there services of a pharmacist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 43.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 44
- ☐ Not available → Please go to question 44

43.1 Please indicate the number of pharmacists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of pharmacists working 4-5 days/week	*Number of pharmacists working 2-3 days/week*	*Number of pharmacists working 1 or less day/week*
Pharmacists	_______	_______	_______

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Dietetic

44. Are there services of a dietician?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to question 44.1
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 45
- ☐ Not available → Please go to question 45

44.1 Please indicate the number of dieticians who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of dieticians working 4-5 days/week	*Number of dieticians working 2-3 days/week*	*Number of dieticians working 1 or less day/week*
Dieticians	_______	_______	_______

Dentistry

45. Are there services of a dentist?
Please tick the box that applies

- ☐ Available and integrated within your pain clinic → Please go to questions 45.1 and 45.2
- ☐ Available in your institution, but not integrated within your pain clinic → Please go to question 46
- ☐ Not available → Please go to question 46

45.1 Please indicate the number of dentists who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

	Number of dentists working 4-5 days/week	*Number of dentists working 2-3 days/week*	*Number of dentists working 1 or less day/week*
Dentists	_______	_______	_______

45.2 If these services are integrated within your pain clinic, please indicate which service(s) are provided by the dentist.
You can tick MORE than ONE box

- ☐ Patient evaluation/assessment
- ☐ Dentistry treatment
- ☐ Temporomendimular joint disorder treatment
- ☐ Other (specify) ____

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Other healthcare professionals

46. Are there services of other types of health professionals available and integrated within your pain clinic?

☐ Yes → Please go to question 46.1

☐ No → Please go to question 47

46.1 Please indicate the type(s) and number of healthcare professionals who are actively working in your pain clinic (excluding trainees).
Indicate if they are working 4-5 days/week, 2-3 days/week, or 1 or less day/week

Healthcare professionals (specify the type)	*Number working 4-5 days/week*	*Number working 2-3 days/week*	*Number working 1 or less day/week*
___________________	________	________	________
___________________	________	________	________
___________________	________	________	________

Office support and administrative staff

47. Are there services of a secretary/receptionist/manager/coordinator/administrator:
Please tick the box that applies

☐ Available and integrated within your pain clinic? → Please go to questions 47.1 and 47.2

☐ Available in your institution, but not integrated within your pain clinic? → Please go to question 48

☐ Not available? → Please go to question 48

47.1 Do you have office support staff in your clinic?

☐ Yes ☐ No

If yes → Please indicate the number for each position of the following <u>full time equivalent</u> (FTE)

Secretary(ies) ________

Receptionist(s) ________

47.2 Do you have administrative staff in your clinic?

☐ Yes ☐ No

If yes → Please indicate the number for each position of the following <u>full time equivalent</u> (FTE)

Manager(s) ________

Administrator coordinator(s) ________

Medical administrator(s) ________

Other (specify) ____

Other (specify) ____

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PAIN MANAGEMENT PROGRAMS

48. Does your pain clinic offer specific pain management programs (e.g., low back school)?
    - ☐ Yes → Please fill out the following table
    - ☐ No → Please go to question 49

Pain management program(s)	Pain management program(s) offered on which basis?		*Duration of program in weeks*	*Total number of visits (if applicable)*
	Outpatient	*Inpatient (Hospitalization)*		
Name of program 1: ___________________________	☐	☐	______	_______
Name of program 2: ___________________________	☐	☐	______	_______
Name of program 3: ___________________________	☐	☐	______	_______
Name of program 4: ___________________________	☐	☐	______	_______
Name of program 5: ___________________________	☐	☐	______	_______

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TEACHING ACTIVITIES

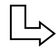
49. Is your clinic a training site for the Pain Medicine Residency of the Royal College of Physicians and Surgeons of Canada (RCPSC)?

☐ Yes
☐ No

Student training

50. Is your clinic a site specialized for student training on pain (excluding medical specialties)?

☐ Yes ☐ No



If yes, in which discipline(s) and how many students per year?

Professional disciplines	*Number per year*
Nursing	________
Psychology	________
Social work	________
Sex therapy	________
Physiotherapy	________
Kinesiology	________
Occupational therapy	________
Pharmacy	________
Dietetic	________
Dentistry	________
Other (specify) ______________________________	________
Other (specify) ______________________________	________
Other (specify) ______________________________	________

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RESEARCH ACTIVITIES

51. Do you have research activities in your pain clinic?

☐ Yes → Please answer the questions 48.1 to 48.7
☐ No → Please go to question 49

51.1 In how many studies your pain clinic has been involved in the past 12 months?

Randomized control trial (RCT) ________
Pragmatic RCT ________
Longitudinal observational studies ________
Cross-sectional studies ________
Other (specify) ____

51.2 Please indicate the source(s) of funding for research in your pain clinic in the past 12 months?
You can tick MORE than ONE box

☐ US National Institutes of Health
☐ Canadian Institutes of Health Research
☐ Health Canada
☐ Provincial funding agency with a peer-reviewed committee
☐ Provincial funding agency without a peer-reviewed committee
☐ Pharmaceutical industry
☐ Biotech industry
☐ Private foundation/donations
☐ Self-funded
☐ Other (specify) ____

51.3 Do you have an assigned research coordinator and/or a research nurse?

☐ Yes ☐ No

If yes → Please indicate the number for each position of the following full time equivalent (FTE)

Research coordinator ________
Research nurse ________

51.4 Does your clinic offer research fellowships?

☐ Yes ☐ No

51.5 Do you have designated space for research activity in your pain clinic?

☐ Yes ☐ No

51.6 Do you collect outcome data from your pain clinic?

☐ Yes ☐ No

☐ Yes ☐ No

51.7 Would you like to be involved in multicentre clinical research on pain?

☐ Yes ☐ No

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ADMINISTRATIVE DATA AND FUNDING

52. How are the costs of the services offered to the patients by your clinic covered?
You can tick MORE than ONE box

- ☐ Government public system (e.g., hospital budget)
- ☐ Compensation agencies (e.g., worker's compensation board)
- ☐ Private insurance
- ☐ Patient contribution (out of pocket)
- ☐ Philanthropic donations
- ☐ Other (specify) ____

52.1 What is the major source of funding (>50%) of your clinic?
Please tick the box that applies

- ☐ Public provincial
- ☐ Private funding

SPACE AND FACILITIES

53. What type(s) of facilities are available in your clinic?
Please tick the appropriate boxes and provide the number of rooms

Clinic facilities	*Yes*	*No*	*Number of room(s)*
Outpatient consulting	☐	☐	_______
Treatment room	☐	☐	_______
Recovery room	☐	☐	_______
Waiting area	☐	☐	_______
Clinical staff office	☐	☐	_______
Conference/meeting room	☐	☐	_______
Operating theatre	☐	☐	_______
Fluoroscopy/X-Ray room	☐	☐	_______
Advanced medical imaging (e.g., CT Scan, MRI)	☐	☐	_______
Other (specify) ______________________	☐	☐	_______

HISTORY AND FUTURE OF THE CLINIC

54. How long has your clinic been open for?
Year of inauguration: _____________

55. Do you anticipate any change in the next 24 months in the activities of your clinic?

Clinic activities	*Yes Increase*	*Yes Decrease*	*No*
Personnel	☐	☐	☐
Teaching	☐	☐	☐
Research funding	☐	☐	☐
Operating budget	☐	☐	☐
Space	☐	☐	☐
Other (specify) _________________________	☐	☐	☐

56. Can you identify any factors that would help your clinic to treat chronic pain more effectively?

Factors	*Yes*	*No*
More funding	☐	☐
More staff	☐	☐
More leading-edge expertise	☐	☐
More space	☐	☐
Other (specify) _________________________	☐	☐
Other (specify) _________________________	☐	☐
Other (specify) _________________________	☐	☐

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57. Among the above choices suggested in question 56, can you identify the top two priorities for improving the clinic services?
Please list them by order of priority

1. ___________________________

2. ___________________________

58. Can you identify any factor(s) that might compromise the functioning of the clinic in the next 12 or 24 months?
____
____
____
____

Comments/Suggestions

59. Please feel free to provide further information about your multidisciplinary pain treatment clinic
____
____
____
____
____

THANK YOU VERY MUCH FOR TAKING YOUR TIME TO ANSWER THIS QUESTIONNAIRE!

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