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A SURVEY PERTAINING TO THE STUDY ON THE PERCEPTION OF OPIOIDS IN PATIENTS TREATED FOR CHRONIC PAIN

PERSON CONDUCTING THE SURVEY: ............................................................
DATE: .............................................

I. KARTA INFORMACYJNO – MEDYCZNA (uczynniana przez osobę przeprowadzającą ankię na podstawie dokumentacji medycznej)

MEDICAL RECORD SHEET (to be filled in by a person conducting the survey, against pertinent medical records)

1. NAME & SURNAME

2. CODE NUMBER OF THE STUDY SUBJECT:

3. DATE OF BIRTH: .................................................. AGE:.........................

4. SEX: ..........................................................
   MALE □  FEMALE □

5. ADDRESS:

6. CONTACT PHONE: ..............................................................

7. THE PATIENT IS CURRENTLY:
   A) AT HOME
   B) IN A HOSPITAL (NAME OF THE WARD ..............................)
   C) IN A HOSPICE/PALLIATIVE CARE UNIT
8. NAME OF THE MEDICAL FACILITY WHERE THE PATIENT IS BEING HELD:

9. CODE NUMER OF MEDICAL RECORDS:

10. THE PATIENT IS ON OPIOID ANALGESICS DUE TO:

   A) NON-CANCER PAIN
   B) CANCER-INDUCED PAIN – PATIENT UNDER CANCER TREATMENT OR AFTER ITS COMPLETION

11. DIAGNOSIS:

   (ICD-10)

12. ANALGESICS CURRENTLY TAKEN BY THE PATIENT:

II. CZĘŚĆ OGÓLNA (dotycząca danych osobowych, sposobu przyjmowania i postaci stosowanych leków przeciwbólowych)

   GENERAL PART (pertaining to personal data, methods of taking the medications, and available forms of analgesics)

   1. PLACE OF RESIDENCE : CITY/TOWN [ ] VILLA [ ]

   2. CIVIL STATUS: [ ]

   3. WITH WHOM DO YOU SHARE YOUR PLACE OF RESIDENCE:

      A) I LIVE ON MY OWN
      B) WITH A SPOUSE (PARTNER)
C) WITH OTHER FAMILY MEMBERS
D) WITH UNRELATED PERSONS

4. WHAT IS YOUR EDUCATION
   A) PRIMARY
   B) VOCATIONAL
   C) SECONDARY
   D) ACADEMIC

5. ARE YOU AN OCCUPATIONALLY ACTIVE PERSON?
   YES □   NO □

6. WHAT IS YOUR PRESENT (PAST) OCCUPATION?

7. HOW DO YOU TAKE YOUR ANALGESIC MEDICATIONS:
   A) INTRAVENOUSLY
   B) ORALLY
   C) SUBCUTANEOUSLY
   D) SUBLINGUALLY
   E) BY INFUSION
   F) AS RECTAL SUPPOSITORIES
   G) AS ANALGESIC PATCHES

8. WHICH ANALGESICS ARE YOU CURRENTLY ON?
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
   ………………………………………………………………………………………………………
9. ARE YOU CURRENTLY ON:
   A) TRAMADOL
   B) CODEINE
   C) DIHYDROCODEINE
   D) MORPHINE
   E) FENTANYL
   F) BUPRENOFINE
   G) METHADONE
   H) NONE OF THE ABOVE LISTED ONES
   I) I HAVE NO IDEA WHICH ANALGESIC I AM CURRENTLY ON

10. DO YOU CURRENTLY TAKE:
    A) TRAMAL, POLTRAM, TRAMUDIN, ADAMON
    B) CODEINE
    C) DHC CONTINUS
    D) MORFINI SULFAS, DOLTARD, KAPANO, M-ESLON, MST CONTINUS, SEVREDOL, MORFINUM HYDROCHLORIDUM, VENDAL RETARD
    E) DUROGESIC, MATrifEN, FENTANYL TTS, FENTANYL RATHIOPHARM, ACTAVIS
    F) TRANSTEC, BUNONDOL
    G) METHADONE HYDROCHLORIDE
    H) NONE OF THE ABOVE LISTED ONES
    I) I HAVE NO IDEA WHICH ANALGESIC I AM CURRENTLY ON

11. DO YOU TAKE YOUR ANALGESIC(S) BY YOURSELF?
    YES [ ]  NO [ ]

12. IF NOT, WHO HELPS YOU TAKE YOUR ANALGESIC(S)? ………………………
    …………………………………………..…………………………
    …………………………………………..…………………………

13. WERE YOU TREATED FOR CONSTIPATION PRIOR TO THE COMMENCEMENT OF THE CHRONIC PAIN TREATMENT?
    YES [ ]  NO [ ]

III.
ANALGESICS TAKEN BY THE PATIENTS AND THEIR ATTENDANT HABITS BEFORE
THE ONSET OF CANCER

1. WHICH ANALGESICS DID YOU TAKE IN THE PAST, I.E. BEFORE
THE ONSET OF CANCER:

………………………………………………………………………………………………………
………………………………………………………………………………………………………
……………………………………………………………………………………………………

2. WHAT DID YOU DO WHEN YOU FELT ANY PAIN IN THE PAST, I.E. BEFORE
THE ONSET OF A PRESENT ILLNESS (E.G. HEADACHE, BACK PAIN,
TOOTHACHE)

A) WAITED UNTIL THE PAIN WOULD GO AWAY
B) WOULD TRY TO GO TO SLEEP
C) WOULD TAKE A PAINKILLER
D) OTHER: …………………………………………………………………

3. WHERE DID YOU MOST OFTEN BUY YOUR PAINKILLERS BEFORE THE
ONSET OF A PRESENT ILLNESS

A) IN A PHARMACY
B) IN A SUPERMARKET
C) AT A NEWSAGENT'S
D) AT A FILLING STATION
E) IN A GROCERY SHOP
F) OTHER: …………………………………………………………………

4. HOW DID YOU TAKE YOUR PAINKILLERS BEFORE THE ONSET OF A
PRESENT ILLNESS:

A) ON DOCTOR'S ORDERS ONLY
B) USUALLY ON DOCTOR'S ORDERS
C) WITHOUT CONSULTING A DOCTOR

5. HOW OFTEN DID YOU TAKE YOUR PAINKILLERS BEFORE THE ONSET OF
A PRESENT ILLNESS:

A) LESS THAN ONCE A MONTH
6. WHAT WAS THE REASON FOR TAKING THE PAINKILLERS BEFORE THE ONSET OF A PRESENT ILLNESS:

A) HEADACHE
B) MENSTRUATION CRAMPS
C) FEVER
D) HEAD COLD
E) PAINFUL MOVING AROUND
F) TOOTHACHE
G) OTHER: ........................................................................................................

7. DID YOU KEEP YOUR PAINKILLERS HANDY BEFORE THE ONSET OF A PRESENT ILLNESS (E.G. IN A POCKET, BRIEFCASE, HANDBAG, IN THE CAR):

YES ☐ NO ☐

8. DID YOU KEEP THE PAINKILLERS AT HOME BEFORE THE ONSET OF A PRESENT ILLNESS:

YES ☐ NO ☐

9. DID YOU EVER TAKE AT LEAST TWO DIFFERENT PAINKILLERS FOR THE SAME TYPE OF PAIN?

YES ☐ NO ☐

IV. HABITS THAT ACCOMPANY TAKING ANALGESICS PRESENTLY

1. DO YOU ALWAYS READ THE ACCOMPANYING LEAFLET FOR THE ANALGESICS THAT YOU TAKE:
2. HOW DO YOU ACQUIRE THE INFO ON HOW A PARTICULAR MEDICATION WORKS:

A) FROM A DOCTOR
B) FROM A PHARMACIST
C) READ AN ACCOMPANYING LEAFLET
D) OTHER (E.G. LITERATURE ON THE SUBJECT, INTERNET):
………………………………………………

3. BY FAR THE MOST CREDIBLE SOURCE OF INFO ON HOW A PARTICULAR MEDICATION WORKS IS FOR YOU:

A) A DOCTOR
B) A PHARMACIST
C) AN ACCOMPANYING LEAFLET
D) OTHER (E.G. LITERATURE ON THE SUBJECT, INTERNET):

V. THE PART DEDICATED TO DESCRIBING BY THE PATIENT HIS FEARS RELATED TO TAKING THE OPIOID-BASED ANALGESICS

A) The questions intended for the patients from the 2nd stage at the analgesic ladder UNAWARE they have been put on strong, opioid-based analgesics

(version A.2. only)

A.1. DID YOU EXPERIENCE ANY ANXIETY OR DOUBTS WITH REGARD TO TRAMADOL/CODEINE/DHC BEFORE THE ACTUAL COMMENCEMENT OF THE TREATMENT WITH THESE MEDICATIONS?

YES □ NO □

IF SO, WHAT KIND OF ANXIETY/DOUBTS WERE THEY:.................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
...........................................................................................................
DO YOU STILL EXPERIENCE ANY ANXIETY OR DOUBTS WITH REGARD TO TAKING TRAMADOL/CODEINE/DHC?

A) YES, MY ANXIETY HAS GROWN STRONGER  
B) YES, MY ANXIETY HAS REMAINED UNCHANGED  
C) MY ANXIETY HAS GROWN WEAKER  
D) NO

IF THE LEVEL OF YOUR ANXIETY HAS NOW CHANGED, WHAT IS THE REASON:

A2. IF YOU WERE TO BE PUT ON MORPHINE/FENTANYL/BUPRENORFINE/METHADONE, WOULD YOU EXPERIENCE ANY ATTENDANT ANXIETY OR DOUBTS:

YES ☐  NO ☐

1. IF SO, WHAT KIND OF ANXIETY WOULD THIS BE:

B. The questions intended for the patients from the 3rd stage on the analgesic ladder, well aware on the actual type of medications being administered to them
DID YOU EXPERIENCE ANY ATTENDANT ANXIETY OR DOUBTS BEFORE THE COMMENCEMENT OF TREATMENT WITH FENTANYL/BUPRENORFINE/METHADONE:

YES  NO

IF SO, WHAT KIND OF ANXIETY WOULD THIS BE:
……………………………………….
……………………………………………………………………………………………….
……………………………………………………………………………………………….
………………………………………………………………………………………………
…………………………………………………………………………………………

DO YOU STILL EXPERIENCE ANY ANXIETY OR DOUBTS WITH REGARD TO TAKING MORPHINE/FENTANYL/BUPRENORFINE/METHADONE?

A) YES, MY ANXIETY HAS GROWN STRONGER
B) YES, MY ANXIETY HAS REMAINED UNCHANGED
C) MY ANXIETY HAS GROWN WEAKER
D) NO

IF THE LEVEL OF YOUR ANXIETY HAS NOW CHANGED, WHAT IS THE REASON:
………………………………………..……………….………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
…………………………………………………………………………………………

V. THE PART DEDICATED TO ESTABLISHING THE PATIENT'S OPINION ON THE OPIOID-BASED ANALGESICS, WHILE IN THE COURSE OF TREATMENT WITH THOSE MEDICATIONS:

1. HOW WOULD YOU RATE OVERALL EFFECTIVENESS OF THE CURRENTLY TAKEN ANALGESICS:

A) I AM UNABLE TO DETECT ANY ANALGESIC EFFECT
B) I CAN FEEL A SLIGHT ALLEVIATION OF THE PAIN
C) THE PAIN HAS EBBED AWAY IN A SATISFACTORY WAY
D) I CANNOT FEEL ANY PAIN ANYMORE

2. HAVE YOU EXPERIENCED ANY SIDE EFFECTS OF THE CURRENTLY TAKEN ANALGESICS:
A) YES, I HAVE
B) YES, I DO
C) NO, I DON'T

3. IF YOU STILL EXPERIENCE THE SIDE EFFECTS OF THE CURRENTLY TAKEN ANALGESICS, WHAT ARE THEY EXACTLY:

..............................................................................................................................................................
..............................................................................................................................................................

4. HOW WOULD YOU RATE THE EFFECT OF THE CURRENTLY TAKEN ANALGESICS ON OVERALL QUALITY OF YOUR LIFE:

A) IT HAS BECOME WORSE
B) NO CHANGE
C) IT HAS IMPROVED

VII THE PART DEDICATED TO ESTABLISHING A PATIENT'S KNOWLEDGE ON THE ANALGESICS:

1. IN YOUR OPINION, THE STRONGEST ANALGESIC IS:

A) KETOPROFEN (KETONAL, BIPROFENID, FEBROFEN)
B) MORPHINE (MORFINI SULFAS, DOLTARD, KAPANO, M-ESLON, MST CONTINUS, SEVREDOL, MORPHINUM HYDROCHLORIDUM, VENDAL RETARD)
C) FENTANYL (DUROGESIC, MATRIFEN, FENTANYL TTS, FENTANYL RATHIOPHARM, ACTAVIS)
D) IBUPROFEN (IBUPROM, IBUFEN, NUROFEN, MODAFEN)
E) TRAMADOL (TRAMAL, POLTRAM, TRAMUDIN, ADAMON)
F) OTHER:...........................................................................................................................................

2. HOW, IN YOUR OPINION, SHOULD THE ANALGESICS BE TAKEN, WHEN SUFFERING FROM CHRONIC PAIN:

A) UPON EXPERIENCING THE PAIN ONLY
B) AT SET HOURS (INTERVALS), WITH NO EXTRA DOSES
C) AT SET HOURS (INTERVALS), BUT ALLOWING FOR A POSSIBILITY TO TAKE EXTRA DOSES, SHOULD THE PAIN RECUR IN BETWEEN THE SET TIMES
3. IS IT ADMISSIBLE, IN YOUR OPINION, TO COMBINE MORPHINE WITH THE PARACETAMOL-BASED MEDICATIONS LIKE APAP, CODIPAR, EFFERALGAN, PANADOL
   A) YES, IT IS
   B) NO, IT IS NOT
   C) DON'T KNOW

4. IS IT ADMISSIBLE, IN YOUR OPINION, TO COMBINE MORPHINE WITH SUCH ANALGESICS AS TRAMAL, POLTRAM, TRAMUDIN, ADAMON:
   A) YES, IT IS
   B) NO, IT IS NOT
   C) DON'T KNOW

5. IN YOUR OPINION, MORPHINE IS ADMINISTERED TO THE PATIENTS SUFFERING FROM CHRONIC PAIN, BECAUSE:
   A) MORPHINE ACTS AS AN ANALGESIC
   B) MORPHINE INTOXICATES A PATIENT AND THEN HE CANNOT FEEL ANY PAIN ANYMORE
   C) MORPHINE MAKES A PATIENT'S LIFE SHORTER, AND THEREFORE IT SAVES HIM ALL THE SUFFERING
   D) DON'T KNOW

6. IN YOUR OPINION, WHAT MIGHT BE THE SIDE EFFECTS OF TAKING THE PARACETAMOL-BASED MEDICATIONS LIKE APAP, CODIPAR, EFFERALGAN, PANADOL, FERWX, GRIPEX:
   A) GOING BALD
   B) LIVER AND KIDNEY DAMAGE
   C) INVOLUNTARY HAND TREMORS
   D) THESE MEDICATIONS HAVE NO SIDE EFFECTS
   E) DON'T KNOW

7. IN YOUR OPINION, WHAT MIGHT BE THE SIDE EFFECTS OF TAKING THE MEDICATIONS LIKE DUROGESIC, MATrifEN, FENTANYL TTS:
A) COUGHING
B) SKIN DISCOLORATIONS
C) ADDICTION
D) THIS MEDICATION HAS NO SIDE EFFECTS
E) DON'T KNOW

8. IN YOUR OPINION, WHAT MIGHT BE THE SIDE EFFECTS OF TAKING THE MEDICATIONS LIKE TRAMAL, POLTRAM, TRAMUDIN, ADAMON:
   A) VOMITING AND/OR CONSTIPATION
   B) STOMACH ULCERS
   C) GINGIVAL HYPERPLASIA
   D) THESE MEDICATIONS HAVE NO SIDE EFFECTS
   E) DON'T KNOW

9. IN YOUR OPINION, WHAT MIGHT BE THE SIDE EFFECTS OF TAKING THE MEDICATIONS LIKE DOLTARD, VENDAL RETARD, MST CONTINUS, SEVREDOL
   A) IMPAIRED HEARING
   B) DROWSINESS
   C) INCREASED HEART RATE
   D) THESE MEDICATIONS HAVE NO SIDE EFFECTS
   E) DON'T KNOW

10. IN YOUR OPINION, WHAT MIGHT BE THE SIDE EFFECTS OF TAKING THE MEDICATIONS LIKE ASPIRIN, POLOPIRYNA:
    A) IMPAIRED SIGHT
    B) DROWSINESS
    C) SPONTANEOUS BLEEDING WITHIN THE DIGESTIVE TRACT
    D) THESE MEDICATIONS HAVE NO SIDE EFFECTS
    E) DON'T KNOW
11. IN YOUR OPINION, WHAT MIGHT BE THE SIDE EFFECTS OF TAKING MORPHINE:
   A) FEELING DELIRIOUS
   B) HEART PALPITATIONS
   C) CONSTIPATION
   D) THIS MEDICATION HAS NO SIDE EFFECTS
   E) DON’T KNOW

ASSESSMENT OF THE PATIENT PARTICIPATING IN THE STUDY ON THE PERCEPTION OF STRONG OPIOIDS IN PATIENTS TREATED FOR CHRONIC PAIN

I. Karnofsky score:…………………………………Date………

II. Edmonton Symptom Assessment Scale (ESAS)
Please encircle the number that best describes the following areas:

<table>
<thead>
<tr>
<th>Edmonton Symptom Assessment System: (revised version) (ESAS-R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please circle the number that best describes how you feel NOW:</td>
</tr>
<tr>
<td>No Pain</td>
</tr>
<tr>
<td>No Tiredness</td>
</tr>
<tr>
<td>No Drowsiness</td>
</tr>
<tr>
<td>No Nausea</td>
</tr>
<tr>
<td>No Lack of Appetite</td>
</tr>
<tr>
<td>No Shortness of Breath</td>
</tr>
<tr>
<td>No Depression</td>
</tr>
<tr>
<td>No Anxiety</td>
</tr>
<tr>
<td>Best Wellbeing</td>
</tr>
<tr>
<td>No _____ Other Problem (for example constipation)</td>
</tr>
</tbody>
</table>

Patient’s Name ____________________________
Date ____________________________ Time ____________________________
Completed by (check one):

☐ Patient
☐ Family caregiver
☐ Health care professional caregiver
☐ Caregiver-assisted
SCENARIOS I & II

SCENARIO I

PART A

A PHYSICIAN’S CHAT WITH A PATIENT PRIOR TO THE INTRODUCTION OF STRONG ANALGESICS

I. I. INTRODUCTION

1. GRANTING INFORMED CONSENT TO PARTICIPATION IN THE STUDY
   a/ Do you grant your consent to have this interview recorded?
   b/ The interview was recorded on ...........
   c/ The interviewing person: Michał Graczyk

I. II. INFORMATION FOR THE PATIENT (RESPONDENT):
   Both an interview and a chat are being recorded for scientific purposes only.
   All the information gained throughout shall not be used for any other purposes;
   the study is meant to assess the perception of strong analgesics and is
   pursued by a physician / member of the staff, Dept. of Palliative Care,
   Collegium Medium in Bydgoszcz, Nicolaus Copernicus University in Torun.

II. INTRODUCTION OF THE RESPONDENT

   1. Could you please introduce yourself, say a few things about yourself?
   2. What age are you? [If this information is not already included in the patient's
      statement.]

III. IDENTIFICATION AND DEGREES OF PAIN

   1. Do you currently suffer from any pain?
      If NO, skip the remaining questions in this section.
      If YES, address the questions 2 - 8.

   2. Why did you experience pain?
   3. What is it related to?
   4. Is it related to the illness/disease, if so, which one specifically?
      [If the patient is well aware of his current health status, he is going to answer
      these questions, if he is not, the following question should be asked:
   5. What comes to your mind, when you think about your (current) illness?]
   6. Can you possibly describe your pain in any way?
      Determine the location of this pain? Where it is, what actually hurts you?
   7. How would you describe your pain (e.g. whether it is a prickling one, dull,
      radiating to another part of the body, to another location, is it like a burning
      sensation, a smarting one, or tearing apart)?
8. How strong, would you say, is your pain, if we assume that no pain at all is 0 points, and 10 points is the strongest pain you have ever experienced in your life?
   a) determined by a patient according to NRS "at the moment" 0 - 10
   b) determined by a patient according to NRS "worst within last 24h" 0 - 10
   c) determined by a patient according to NRS "average within last 24h" 0 - 10

[I am going to apply an 11-point numerical scale (numerical - NRS) from "0" to "10" to assess the severity of pain; a patient verbally evaluates his pain, where "0" means no pain at all, whereas "10" stands for the strongest pain, difficult to imagine]

IV. PAIN THERAPY

1. Are you under treatment for pain?
2. Since when are you under treatment for pain?
3. What have you been doing to relieve your pain so far?
4. Do you happen to remember the names of the medications currently being taken for relieving your pain?
5. What medications did you use in the past, before the current disease, if you experienced any pain (e.g. back pain, headache, toothache)?
6. Did you use these medications on doctor's orders only, or were they used without his recommendations?
7. Have you experienced any side effects of taking analgesics?
8. How would you assess the effectiveness of current analgesics? (I am going to use the 0-10 points scale again)
9. When you are thinking about using strong analgesics, e.g. morphine (or fentanyl, buprenorphine, methadone, oxycodone), do you experience any anxiety or doubts, misgivings related to such a possibility?

   If NOT, then why? ................. (skip questions 10, 11, 12, 13)
   If YES, then why? .................

10. What are those misgivings/doubts (anxiety) caused by?
11. What kind of misgivings/doubts are those?
12. What made you just think about them?
13. What are you afraid of the most?
14. Have any member of your family, acquaintances, people close to you, suffered from any pain?

   If NO, go to question 18.
   If YES, address questions 15 - 17.
15. Did he have to take strong analgesics?
16. If so, what specific memories related to it do you have?
17. Were there any side effects of those analgesics?
18. Which one is, in your opinion, the strongest pain reliever?
19. Does the suffering caused by pain affect your daily functioning?

   If NO, move to the end of the conversation (point 22).
   If YES, address the questions 20 - 21.

What sort of influence is it, what specifically is it related to?
 ------------------------------------------------------------------------------------------
 ------------------------------------------------------------------------------------------
 21. I would still like to ask how much the pain you experience limits your everyday activity (meals, washing, walking) 0-10 (0 - definitely not; 10 - definitely yes)

   • to what extent does the pain you experience limit your ability to move around 0-10
   • to what extent does the pain you experience adversely affect your mood 0-10
   • to what extent does the pain you experience limit your social life 0-10
   • does the pain you experience adversely affect other domains of your life and to what extent 0-10

22. This is the end of our chat, could you possibly describe the emotions that you felt while we were chatting?
23. Was there anything particularly hard to relate to during this chat?
24. Would you like to ask me about something else, perhaps?

   Thank you for taking time to share your thoughts and emotions with me.

IV. TO BE SUPPLEMENTED BY THE PATIENT (RESPONDENT)

When you are thinking about your illness and the pain you experience, what are you most afraid of?

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What do you think about the strong analgesics?

P.2. Please indicate which ones of the following phrases you think to be true.

<table>
<thead>
<tr>
<th>STRONG ANALGESICS (E.G. MORPHINE, FENTANYL, BUPRENORPHINE)</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. They are good for the weak people only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. They affect the mind rather badly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. They waste the body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Should be freely available to everyone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Should be applied when a patient is dying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. They facilitate normal day-to-day functioning</td>
<td></td>
<td></td>
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<td>7. They are just a way of &quot;cutting corners&quot;</td>
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<td>8. They are the last resort</td>
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<tr>
<td>9.</td>
<td>They cause constipation</td>
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<tr>
<td>10.</td>
<td>They cause nausea and/or vomiting</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>They are no different from other medications</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>They cause drowsiness</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Morphine can be applied in cancer-induced dyspnoea</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>When the pain becomes unbearable, these medications can still help</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>They cause addiction (drug dependency)</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>They get you drugged, and then you feel much less</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>You can keep on increasing their dosage to reach the effective dose (i.e. until the pain goes away), as there is no maximum dosage</td>
<td></td>
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<tr>
<td>18.</td>
<td>Application of morphine means imminent death; the end is near</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Cancer is all about dying in pain and suffering</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>These medications eliminate all types of pain</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>These medications improve overall quality of life</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Taking these medications means that I am to die soon, death is imminent, the end is very near</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>They work most effectively against pain</td>
<td></td>
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<tr>
<td>24.</td>
<td>They get you intoxicated and your mental power ebbs away</td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>You can drive vehicles, when on these medications</td>
<td></td>
</tr>
</tbody>
</table>
SCENARIO II

PART B

AN INTERVIEW WITH A PATIENT AFTER THE INTRODUCTION OF STRONG ANALGESICS AND PAIN STABILIZATION

I. INTRODUCTION

1. GRANTING INFORMED CONSENT TO PARTICIPATION IN THE STUDY
   - Do you grant your consent to have this interview recorded?
   - The interview was recorded on.............
   - The interviewing person: Michał Graczyk

II. INFORMATION FOR THE PATIENT (RESPONDENT):
    Both an interview and a chat are being recorded for scientific purposes only.
    All the information gained throughout shall not be used for any other purposes;
    the study is meant to assess the perception of strong analgesics and is pursued by a physician / member of the staff, Dept. of Palliative Care, Collegium Medium in Bydgoszcz, Nicolaus Copernicus University in Torun.

III. INTRODUCTION OF THE RESPONDENT

1. Could you please introduce yourself, say a few things about yourself?
2. What age are you? [If this information is not already included in the patient's statement.]

IV. IDENTIFICATION AND DEGREES OF PAIN

1. For what specific reason has a strong analgesic been introduced into your therapy?
2. How would you describe your pain now that a new medication has been introduced into your therapy?
3. How strong, would you say, is your pain, if we assume that no pain at all is 0 points, and 10 points is the strongest pain you have ever experienced in your life?
   a) determined by the patient according to NRS "at the moment" 0-10
   b) determined by the patient according to NRS "worst within the last 24h" 0 -10
   c) determined by the patient according to NRS "average within the last 24h" 0 - 10

   [I am going to apply an 11-point numerical scale (numerical - NRS) from "0" to "10" to assess the severity of pain; a patient verbally evaluates his pain, where "0" means no pain at all, whereas "10" stands for the strongest pain, difficult to imagine]

V. PAIN THERAPY
1. Has the treatment met your expectations?
2. How would you rate the effectiveness of the newly introduced medication?
3. Have you experienced/still experience any adverse (side) effects of the newly applied medication?
4. Do you happen to remember the names of the medications currently being taken for relieving your pain?
5. How would you rate the effectiveness of the currently taken analgesics? (comparison with the NRS/VAS scale and personal satisfaction) - please try to specify it for me, while using the following scale:

   0 - no effect at all
   1 - negligible
   2 - moderate
   3 - average
   4 - good
   5 - very good

6. Has the introduction of the new medication affect your day-to-day functioning in any way (made it worse, left unchanged, improved)?
7. Please tell me how, following the introduction of an opioid medication, do you manage to cope in the following areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>much better</th>
<th>better</th>
<th>about the same</th>
<th>worse</th>
<th>much worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 / physical functioning</td>
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<tr>
<td>2 / family relationships</td>
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<tr>
<td>3 / social relationships</td>
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<td>4 / mood</td>
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<td>5 / sleep</td>
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<tr>
<td>6 / overall functioning</td>
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</tbody>
</table>

8. Do you still have any doubts or concerns about introducing strong analgesics into your treatment?

8.A. If NOT, then why? ............... 
8.B. If YES, then why? And what do they relate to? What do you fear the
most?

9. What is in your opinion the strongest pain reliever?

10. This is the end of our chat, could you possibly describe the emotions that you felt while we were chatting?

11. Was there anything particularly hard to relate to during this chat?

12. Would you like to ask me about something else, perhaps?

Thank you for taking time to share your thoughts and emotions with me.