

Painpad Discharge Questionnaire

Version 1.0 (20/4/2017)

Participant ID _____

Please fill this in after you have been using the Painpad for a few days and before you leave the hospital.

1. A nurse will have asked you your pain levels during your hospital stay. Compared to the number you entered in the Painpad, do you think the score you gave the nurse was:

- ☐ A lot lower ☐ A little lower ☐ about the same ☐ A little higher ☐ A lot higher

2. How easy was it to use PainPad for logging a pain score?

- ☐ very easy ☐ easy ☐ neither easy nor hard ☐ hard ☐ very hard

3. How hard was it to remember to use the Painpad?

- ☐ very easy ☐ easy ☐ normal ☐ hard ☐ very hard

4. How often did you make an error when entering your pain score?

- ☐ very often ☐ often ☐ 3 or 4 times ☐ once or twice ☐ never

5. How effective were the flashing lights?

- ☐ very useful/noticed ☐ noticed most times ☐ noticed often ☐ noticed a few times ☐ never noticed

6. How effective was the beeping noise?

- ☐ too loud/
annoying ☐ a bit
loud/
annoying ☐ just right ☐ too quiet/
noticed a
few times ☐ never
noticed

7. How satisfied were you with using the Painpad?

- ☐ very
satisfied ☐ mostly
satisfied ☐ OK ☐ a bit dis-
satisfied ☐ very dis-
satisfied

8. How would you rate the overall appearance/aesthetics of the Painpad?

- ☐ very
good ☐ good ☐ neutral ☐ poor ☐ very bad

If you have any comments or suggestions, please write them here:
