



2023 National Pain Survey

Top Results



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Letter from the President



This year's instalment of the National Pain Survey, which presents the voice of people living with chronic pain and their carers from 2023, marks the eighth year of consecutive data. What should concern us is that the most common medical condition in Australia and the leading cause of disability, chronic pain is largely ignored. Over 3.6 million Australians are struggling with the impact of daily pain because they can't access or afford care that appreciates how much pain impacts every aspect of their life and because they live in a culture where pain is dismissed or minimised.

The experiences and stories of people living with chronic pain are virtually invisible and untold. Although it feels like Australia is far from delivering on the National Strategic Action Plan for Pain Management, the importance of the lived experience voice cannot be understated. It is alarming to myself and Chronic Pain Australia that in 2023 only 2.5 million has been provided by the Australian government to address the clear gaps in the National Plan for Pain Management. Particularly when the total financial costs of chronic pain (\$80 billion, 2018) is greater than the annual costs of heart disease, cancer, and diabetes combined.

It's not surprising that year on year we see the same or worsening outcomes for the chronic pain community. This year we delved into the emotional and mental impact of chronic pain and sadly but unsurprisingly half of people living with pain experience suicidal ideation. Combine this with other findings of alcohol use to cope with pain, deprioritising other health care needs, an inability to work, increases in the prescribing of a combination of sedative medications and forgoing food to afford pain management treatments we have a large proportion of Australians in desperate need to be heard and action to take place.

I hope you will find insight into the voice of the nearly 3000 people living with pain and their carers who contributed to the National Pain Survey 2023. And if you are one of those people, I hope you will find validation in the results and assurance in our campaign that your voice is heard.

Nicolette Ellis

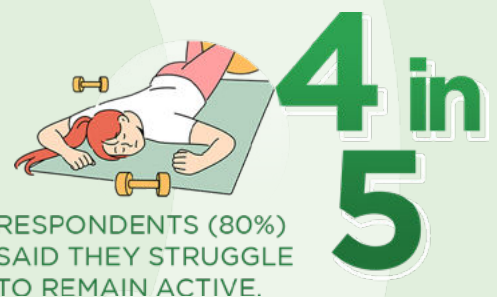
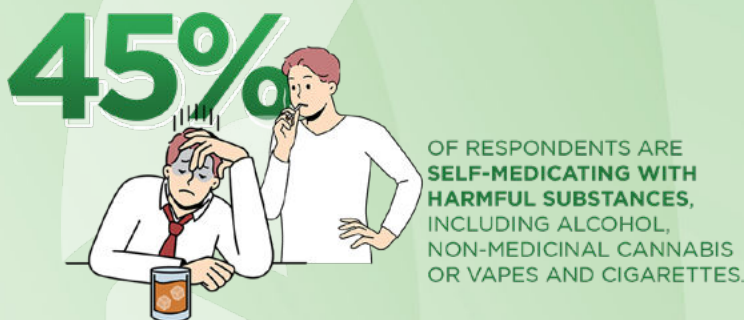
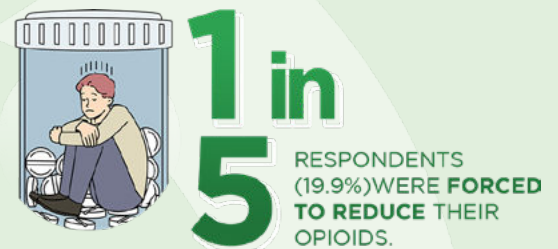
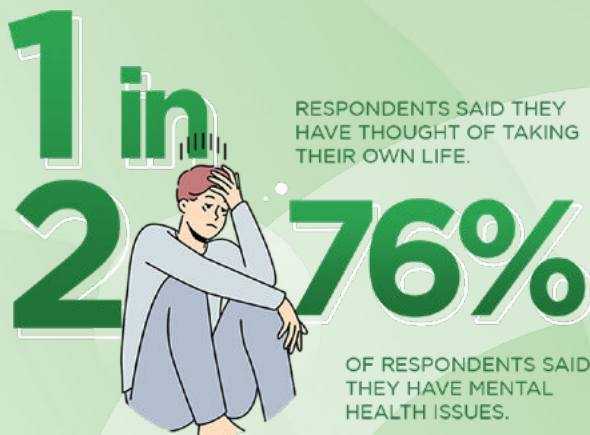
President of Chronic Pain Australia



Awareness

Chronic pain is an invisible burden, which often results in feelings of isolation in people living with chronic pain, as they hide or ignore their pain to avoid being judged, patronised, or appearing weak.

For people living with chronic pain, strong is simply continuing to get up in the morning and go about a daily activity which their pain burden makes exhausting. They often wish others could understand what they experience.



“ It’s a self-perpetuating cycle. It robs you of your independence and your feelings of self-worth. ”



Awareness

People living with chronic pain struggle with stigma, sleeplessness, and mental health

Respondents to the National Pain Survey 2023 said that since they developed chronic pain, they have experienced changes to various aspects of their life, which they are forced to overcome daily.



76.3%
Mental health issues



60.1%
Strain on relationships with friends



35.4%
Post-traumatic stress disorder



38.4%
Inability to pick up, carry or play with my children



91.3%
Sleep disturbances



80.1%
Inactivity



74.1%
Inability to work



59.0%
Change in eating patterns



64.3%
Financial strain



64.9%
Reduced independence



68.1%
Social isolation



31.7%
Inability to drive



62.9%
Strain on relationships with family

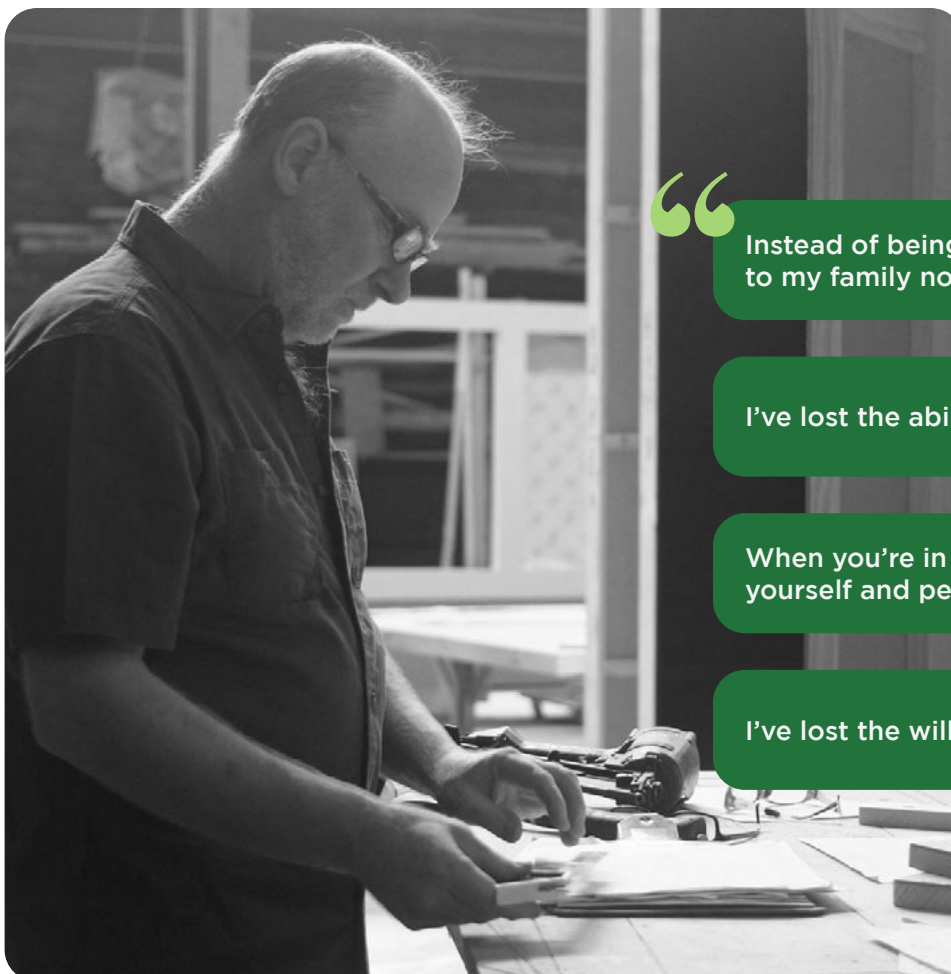


Awareness

People who identify as male often feel like living with chronic pain reduces their sense of themselves

Men are less likely to admit to experiencing chronic pain. In this survey, 20% of respondents identified as male. Of these:

- 84% say that chronic pain has led to them experiencing a reduced sense of strength.
- 58% say that chronic pain has led to them experiencing a reduced sense of control.
- 40% say that chronic pain has led to them experiencing a reduced sense of masculinity.



Instead of being an earner I'm a cost to my family now on one income.

I've lost the ability to do things I love.

When you're in pain you're not yourself and people think you're rude.

I've lost the will to live.





Living with chronic pain has a significant impact on mental health

Almost 48.9% of respondents to the National Pain Survey 2023 say they have thought of taking their own life, and 29.2% have experienced thoughts of self-harm.



- Half of the respondents (52.6%) identifying as male have thought of taking their own life, and 28.2% have experienced thoughts of self-harm.
- Nearly half of the respondents (47.7%) identifying as female have thought of taking their own life, and 28.8% have experienced thoughts of self-harm.
- 65.1% of respondents identifying as part of the LGBTQIA+ community have thought of taking their own life, and over half (55%) have experienced thoughts of self-harm.
- 80% of respondents identifying as non-binary have thought of taking their own life, and 80% have experienced thoughts of self-harm.
- Nearly half of the respondents (49.3%) living in metropolitan areas have thought of taking their own life, and 31.1% have experienced thoughts of self-harm.
- Nearly half of the respondents (48.7%) living in rural or remote areas thought of taking their own life, and 27.2% have experienced thoughts of self-harm.

If you or anyone you know needs support, call [Lifeline](#) on 131 114 or [Beyond Blue](#) on 1300 224 636



There has been an increase in respondents' awareness of mental health management plans from GPs, which provide patients with ten free sessions with a mental health professional every year since 2022. Only 4.1% of respondents were unaware they could get one through a GP, down from 10.1% in 2022.

Although the use of mental health management plans has increased by 4% since 2022, with 34% of respondents in 2023 saying they have a mental health management plan from their GP, 58.2% do not.

There has also been an increase in respondents' awareness of chronic disease management plans from GPs, which provide patients with five Medicare-funded sessions with Allied Health professionals every year since 2022. Only 6.9% were unaware they could get one through a GP, down from 14.3% in 2022. However, it is concerning that 42.9% of respondents know about the plan but still need one. It's clear other barriers such as gap fees and accessing quality pain management are likely key reasons for poor uptake of federally funded services.

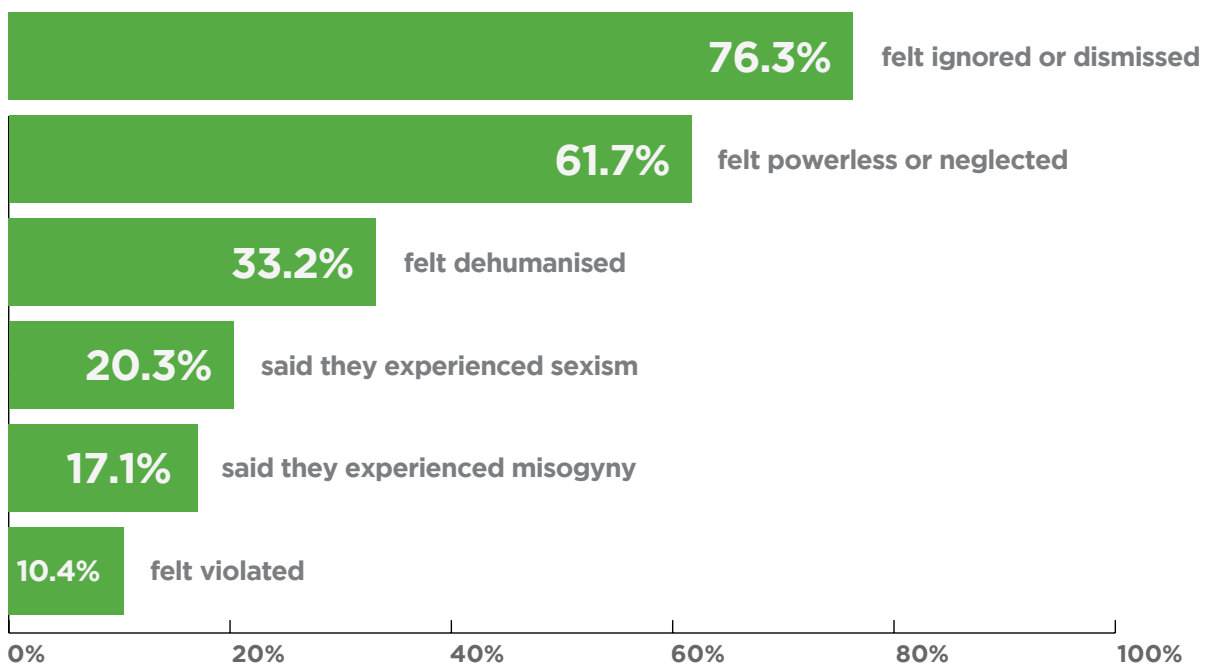


Awareness

Stigma continues to affect access to healthcare for women and the LGBTQIA+ community living with chronic pain

More than half of respondents (52.6%) have felt stigmatised by healthcare professionals, and 42.7% have felt stigmatised by their GP.

In this survey, 78.4% of respondents identified as female. Of these:



In this survey, 10% of respondents identified as part of the LGBTQIA+ community. Of these:

- 51.9% say that they have felt stigmatised by a GP.
- 62.7% say that they have felt stigmatised by other healthcare professionals.
- 63.8% say that they have felt stigmatised by people in the community.
- 61.1% say that they have felt stigmatised by their family.



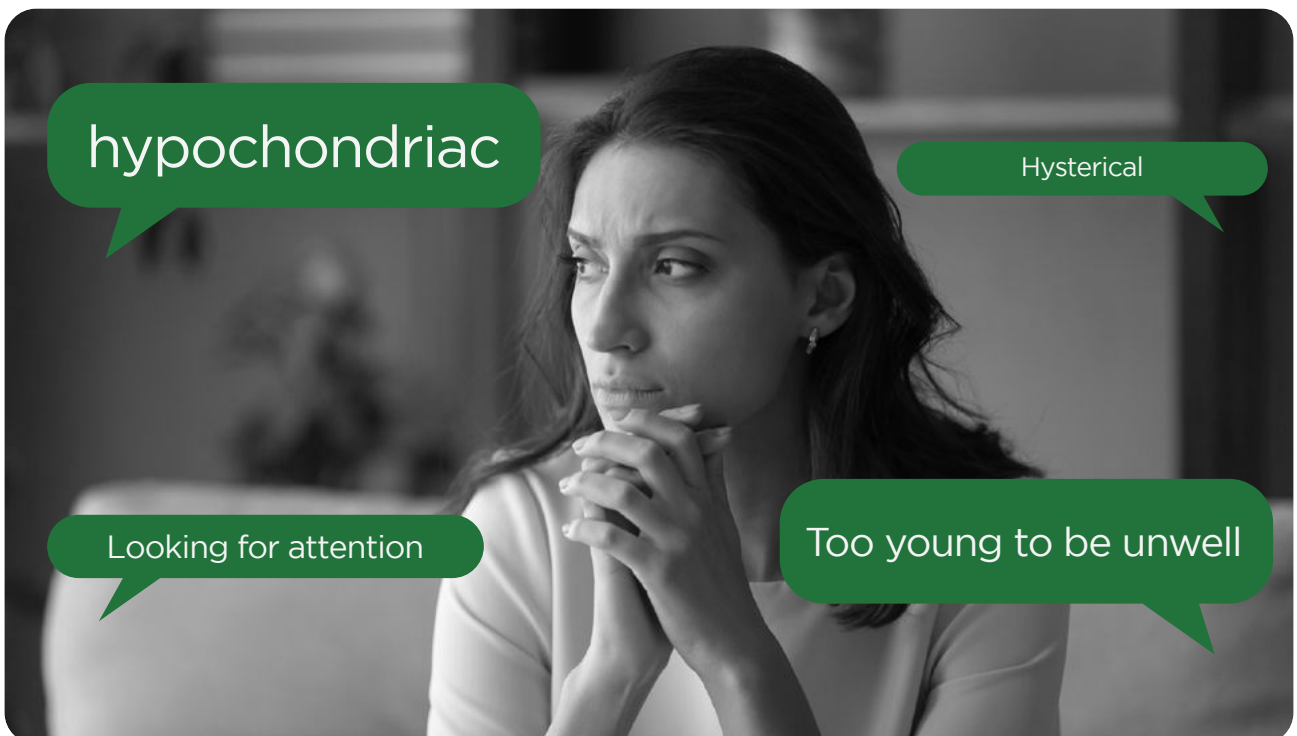
Awareness

Women felt that they are less likely to be believed when presenting with chronic pain.

- 39.3% said they experienced sexism
- 20.3% said they experienced misogyny
- 76.3% felt ignored or dismissed
- 61.7% felt powerless or neglected
- 33.2% felt dehumanised
- 10.4% felt violated

“We are quite often dismissed as “emotional” and “dramatic”

Female respondents living with chronic pain described their experience accessing healthcare as characterised by feeling “gaslit”, “judged”, “patronised”, “worthless”, “unheard”, “ridiculed”, “shamed”, “not listened to”, “like I am imagining my pain”, “like a hypochondriac”, and “discriminated against”, and felt healthcare professionals labelled them as “too young to be unwell”, “a drug addict”, or “just fat and lazy”.



Awareness



Workers' compensation processes are a poor experience for people living with chronic pain

Describing their experience with worker's compensation, 41.4% of respondents said they strongly disagreed when asked if they felt understood by their case manager. 67.1% of patients either disagree or strongly disagree that their case manager is knowledgeable about chronic pain.

40.2% of people with chronic pain strongly felt that the worker's compensation process worsened their pain/situation. 48.6% of respondents said they strongly disagreed that they were/are satisfied with their overall worker's compensation experience.



How people living with chronic pain describe their experience



I hide it from others as much as I can.

You will get told that your chronic pain is all in your head, but no one knows your body better than you.

“Chronic pain is real, not in our heads. I hardly take any medication and I’m still treated like a drug addict. I can’t find an understanding doctor.”

All doctors and specialists treat you like a drug addicted person, when you’re not, you’re a drug dependent person.

I’ve stopped seeing many specialists because they refuse to listen to me based on being overweight. They won’t listen, refuse to treat me, and treat me like I’m less than human.

I have my own internalised stigma around chronic pain. I gaslight myself all the time because I think I should be better and I desperately want to be well.





How people living with chronic pain describe their experience



It is stigmatising so that you question your worth and value.

You can't get good quality sleep, which affects your concentration and ability to function day after day.

The mental, social and emotional impacts of chronic pain are greater than the physical.

I often contemplate ending my life.

I've experienced isolation and a negative impact on my mental health due to constantly being in pain

It's pretty miserable and debilitating. Some days just getting up is all that I'm capable of. I believe my mental health is drastically impacted by my pain.





Accessibility

Accessing quality care early reduces the long-term burden of living with chronic pain, benefitting both the individual and the economy. Increasing accessibility to health services for those with chronic pain will improve their overall quality of life, emotional well-being, and ability to better participate in society.

Cost is a major barrier to healthcare access for people living with chronic pain

The National Pain Survey 2023 finds that people with chronic pain increasingly face barriers to accessing health care for their chronic pain.



65.3%
of respondents said that cost is the biggest issue preventing them from accessing professional health services/specialists for their chronic pain



54%
say they don't know whom they should go to see



38%
of respondents said that other barriers they face getting to their chronic pain health care appointments include their "inability to leave home due to chronic pain", having "mobility issues", and transport



I am forced to work a 40-hour work week which causes my body excruciating pain, just to be able to afford the treatment I need.

I wish I knew about chronic pain when I was first diagnosed with rheumatoid arthritis as a young adult so that I knew the importance of treating the pain and not pushing through.





Accessibility



Respondents said that other barriers they face in attending to their chronic pain health care appointments include their “inability to leave home due to chronic pain”, having “mobility issues”, and transport (38%).

Despite this, only 38.7% of patients most commonly use telehealth to attend their chronic pain healthcare appointments, though 73.8% say they like using telehealth. Most patients - 89.9% - say they are at home when they attend their telehealth appointments.

GP waiting times are another challenge for people living with chronic pain. 4 out of 5 respondents have waited over two weeks for a GP appointment within the last six months. 1 in 5 (21.8%) respondents said they were placed on a waitlist for 4-6 months.

Over half of the respondents (52.3%) living in rural or remote areas cited geography/location as an issue that has prevented them from accessing health professional services/specialists for their chronic pain.

41.7% of respondents living in rural or remote areas most commonly use telehealth to attend their chronic pain healthcare appointments, and 75.2% say they like using it.

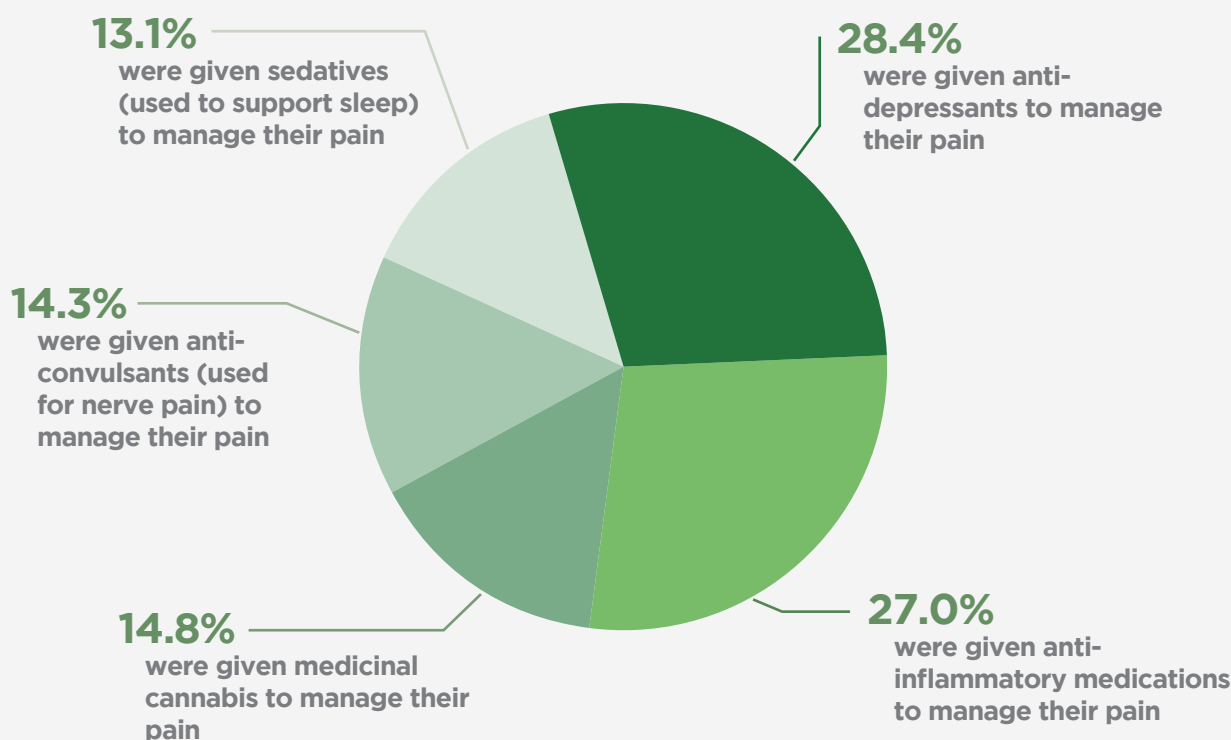


Accessibility

People living with chronic pain are being given medicines with wide-ranging side-effects to replace opioids

Government regulations for opioid prescribing, including reduced medication pack sizes and real-time prescription monitoring, are seeing patients experience changes to the way their GP prescribes medications to help manage pain. 19.9% of respondents were not given the choice but were forced to reduce their opioids.

Of the respondents that have had their opioids substituted with other medications by their GP:



“The readily available pain relief was constant alcohol. I do not like drinking, and my kidneys certainly don't need it - but it becomes the go-to aesthetic simply because it's available in abundance including home deliveries, with no costly Drs visit or stress of presenting yourself as “legitimate” - it's soul-destroying.”



Accessibility

According to carers of people living with chronic pain, more patients are self-medicating with harmful substances to manage their pain, including non-medicinal cannabis (18.2%) and alcohol (29.5%) and vaping/cigarettes.



Nothing works, alcohol can make me not care as much.

My intake of alcohol has doubled or tripled, only because I have nothing else to bring in pain down to acceptable levels.

I used alcohol to numb myself, this caused another problem.

My GP practice has refused to give me pain medication which has made me suffer more. I am in so much pain. I asked the Neurologist and he didn't give me anything either even though my blood tests and scans shows inflammation.

One patient said that they "had zero choices" about the changes to their chronic pain opioid prescription, so they have "substituted smoking cannabis as an alternative."





Accessibility

Hospital based multidisciplinary pain clinics are not delivering for patients

Hospital based clinics set up to treat people with chronic pain are not delivering what patients need.

Waiting times are long, with 60.6% of all patients waiting longer than three months for an appointment. 40% of respondents who had managed to be seen stated that they disagree or strongly disagree that the multidisciplinary pain clinic or service appointment model was tailored to their needs as a patient. 35.7% of respondents would not recommend multidisciplinary pain management services to other people experiencing pain.



There was a lack of understanding about the cause of the pain – treatment needs to be holistic and fully discussed with the patient, ensuring the patient is truly listened to.



Respondents living with chronic pain said of their experience with a hospital based pain service or pain clinic:

- Not patient centred.
- Received very general lifestyle advice, unsuited to me with an already very healthy lifestyle as a long-term proactive athlete.
- The whole time I was in the appointment, I felt like he thought I was lying.
- The information provider was patronising and medically incorrect. I was told my condition was not chronic and was solved by surgery. This is not the case.
- Full of misinformation.

According to carers of people living with chronic pain, there is a lack of “understanding”, “empathy”, “information” and “treatment” when accessing multidisciplinary pain management services.



Accessibility

The lack of progress in chronic pain research is frustrating for patients

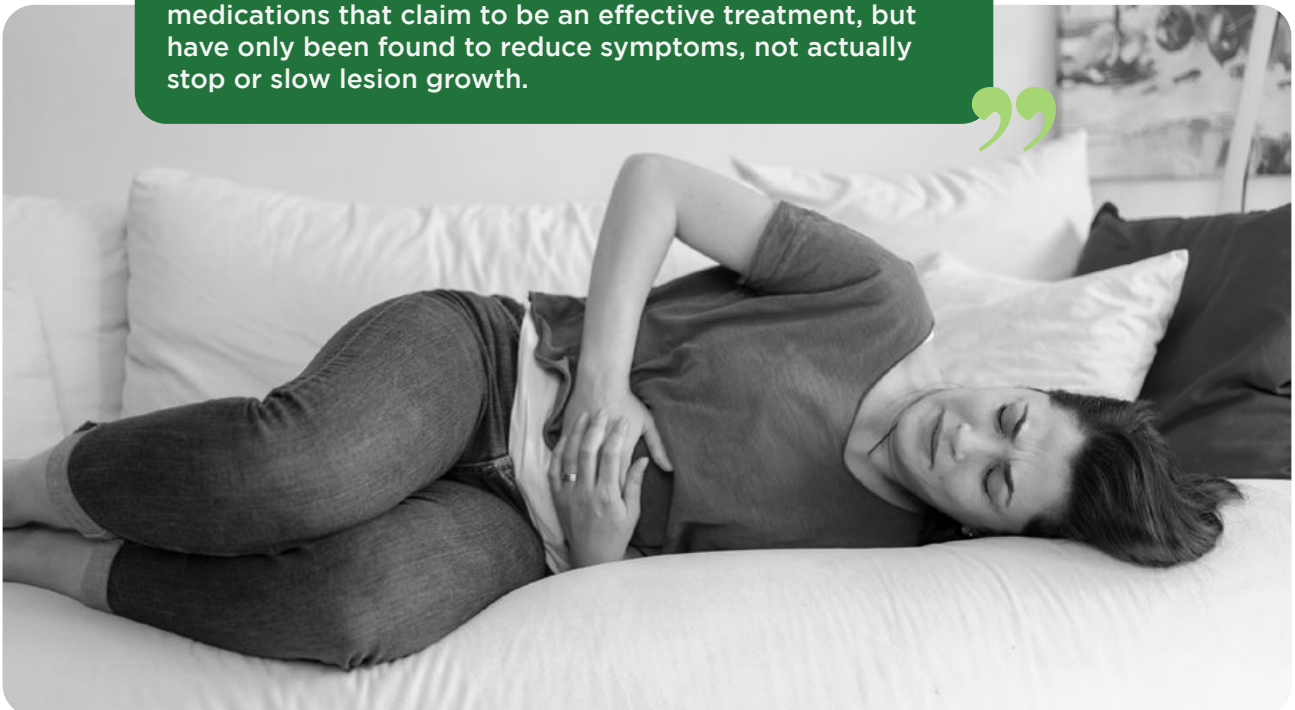
People are frustrated by the lack of progress in chronic pain research. But 80.7% said they are not surprised by the lack of research findings.

76.2% of respondents said they experience sadness about the current state of chronic pain research. Some patients attributed their sadness to having “no relief in sight” for their chronic pain. One patient, experiencing chronic pain related to her endometriosis, told the survey that she feels sad because “there has been very little research into the causes of endometriosis”, and she fears that “there will be no significant research discoveries related to endometriosis in my lifetime.”

61.2% of respondents cited fear when asked about their feelings on chronic pain research. One patient attributed their fear to feeling like “there seems to be very little interest in researching chronic pain conditions on the whole”.



I find some research misleading e.g. endometriosis medications that claim to be an effective treatment, but have only been found to reduce symptoms, not actually stop or slow lesion growth.





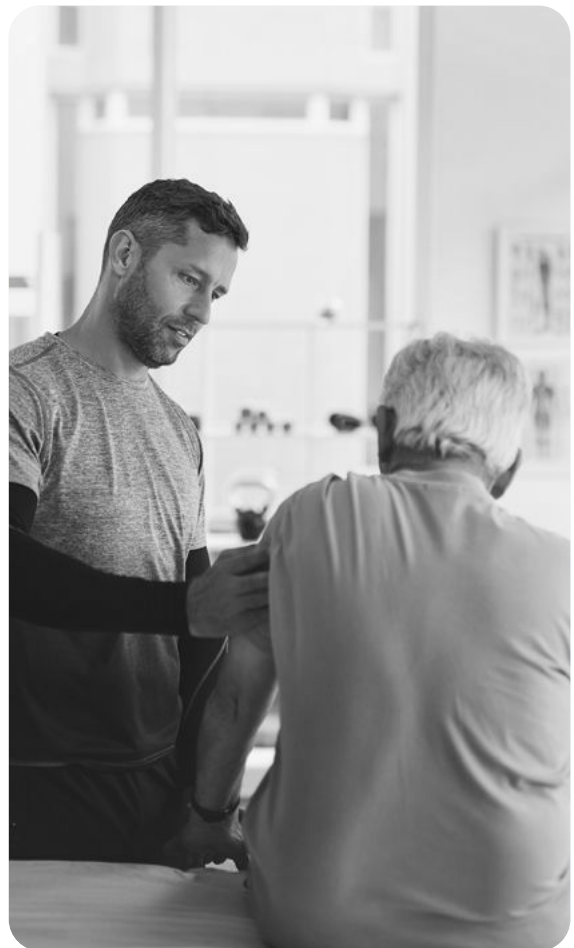
Affordability

Affordable treatment options are crucial to ensuring everyone can access timely care for their chronic pain regardless of socioeconomic status. As the cost-of-living rises, many respondents say they are struggling to afford various treatment options and medications on top of essential living expenses such as food, rent and fuel.

Patients are going without medical treatments for managing chronic pain due to cost

In the last 12 months:

- 19.9% of respondents said that they could not often afford to see a psychologist.
- 25.4% of respondents said that they could not often afford to see specialists, such as neurologists, rheumatologists, etc.
- 26% of respondents said they could not often afford to see allied health professionals, such as physiotherapist and occupational therapists.
- 33.5% of respondents said that they could not often afford to see other health-related services, such as acupuncture.



Most fortnights I struggle to have enough money to survive, let alone access allied health or decent mental health services.





Affordability

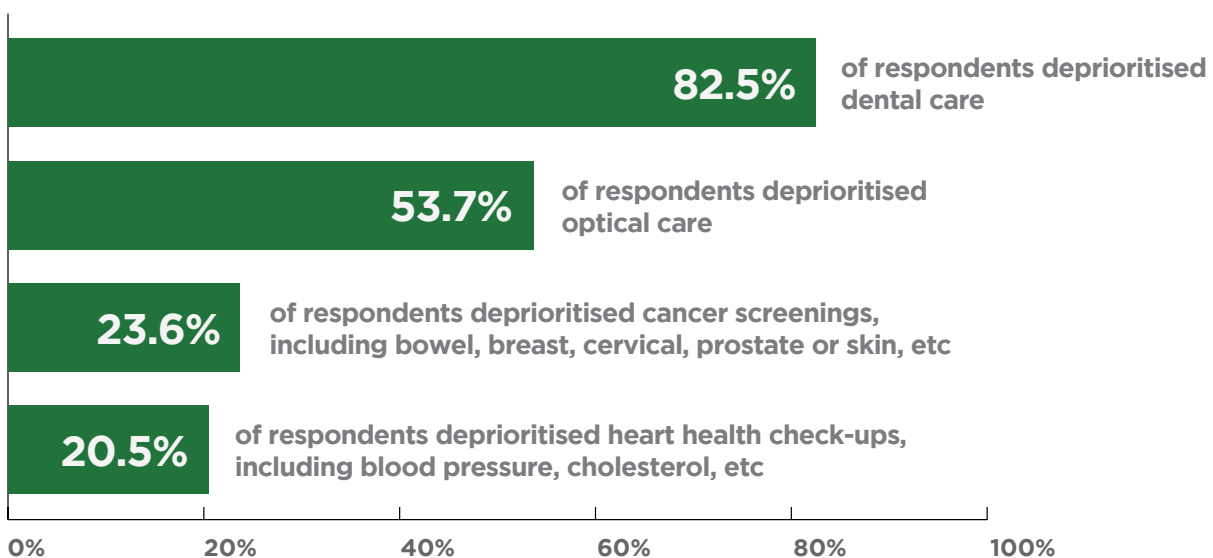
Patients are going without medications for managing chronic pain due to cost

Whilst the Pharmaceutical Benefits Scheme offers financial support to people with chronic pain for some essential medications, medications not on the scheme have proven challenging to afford.

In the last 12 months, 23.3% of respondents said that sometimes they could not afford medications that aren't listed on the Pharmaceutical Benefits Scheme, and 18% said that they often could not afford them.

Patients are going without other healthcare checks so that they can afford medicines and healthcare that help them manage their chronic pain

In the last 12 months:

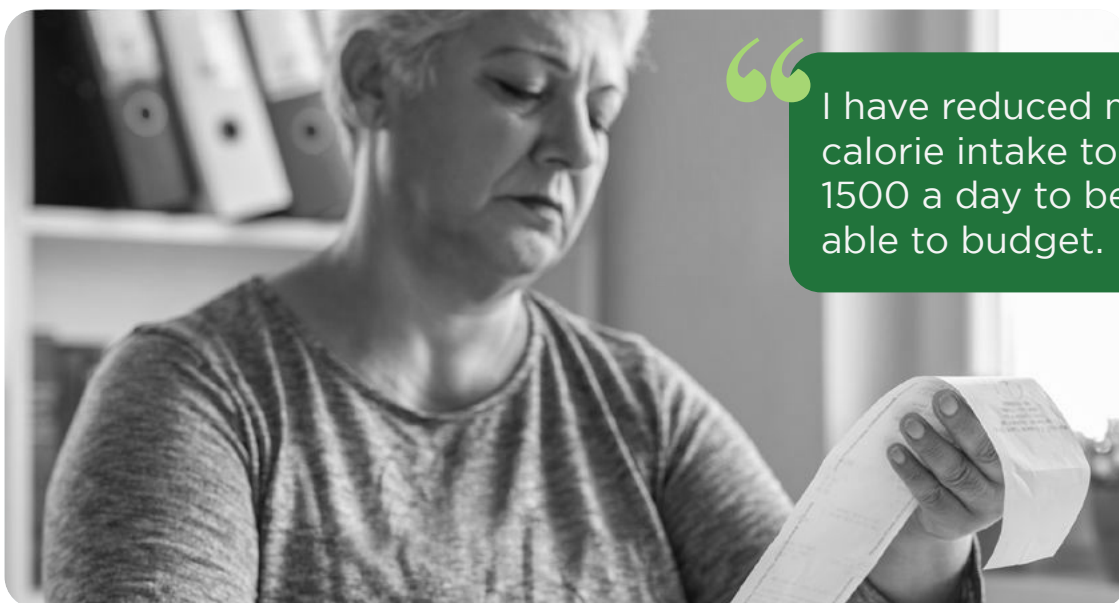
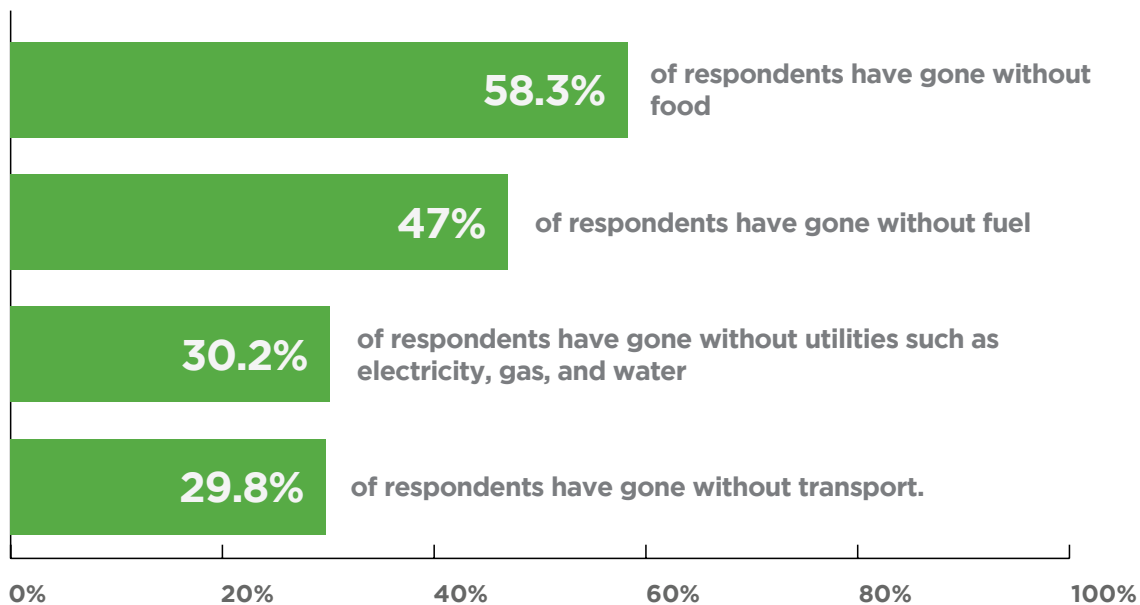




Affordability

Patients are going without essential household items so that they can afford medicines and healthcare that help them manage their chronic pain

In the last 12 months:





Conclusions



For people living with chronic pain, awareness, accessibility, and affordability challenges related to managing chronic pain result in a domino effect on all aspects of life, including the ability to work, socialise or sleep well – which is detrimental to overall mental and physical well-being.

Overall, there is a need to spread awareness of chronic pain and contribute to greater healthcare discussions among the government, peak bodies, and the healthcare industry to improve the standards of timely and accurate care and quality of life for all people living with chronic pain in Australia.

Awareness

The poor mental health of the chronic pain community correlates to the ongoing lived experiences related to stigmatisation within the healthcare system and awareness within the broader community. Insufficient awareness of chronic pain and its associated issues results in a lack of appropriate and effective support.

This survey delved into an area that has not been explored in previous years - mental health and suicidal ideation among individuals living with chronic pain. This inclusion marks an important milestone in understanding the holistic impact of chronic pain on individuals' well-being.

The latest findings from the Australian Institute of Health and Welfare (AIHW) report that over 3,000 deaths by suicide occur each year in Australia. In 2021, there were 2,358 male deaths and 786 female deaths.



Conclusions

The National Pain Survey 2023 findings have revealed a concerning correlation between chronic pain and mental health challenges, including an increased prevalence of suicidal ideation. In Australia, where suicide rates have long been a critical concern, it is disheartening to observe the significant impact that chronic pain has on vulnerable individuals within our community. The survey's results illuminate the urgent need for comprehensive support to address the mental health struggles experienced by those living with chronic pain.

From 2022 to 2023, stigma continues to be a major concern for respondents, with similar findings correlating to experiences from GPs, other health professionals, people in the community, family, friends, work colleagues and employers.

The increase in respondents identifying as male from 13% in 2022 to 20% in 2023 allowed a broader understanding of the challenges men who live with chronic pain face, specifically relating to stigma and mental health.

Breaking down the stigma which prevents people who identify as men from coming forward to seek help and treatment for their chronic pain remains a top issue and is vital to reducing the hardship that the chronic pain community experiences. It is important to encourage men to foster connections and communicate with family, friends, and the chronic pain community to help reduce isolation and increase pain management.

Meanwhile, people who identify as women continue to feel that they are not believed by healthcare practitioners, who minimise or dismiss their experience. The LGBTQIA+ community had a higher likelihood of mental health and suicidal ideation.

The coexistence of chronic pain and suicidal ideation underscores the profound psychological burden faced by individuals enduring persistent pain on a daily basis. The constant physical discomfort, limitations in daily activities, and the emotional toll of managing pain can lead to feelings of hopelessness, despair, and isolation. Moreover, the lack of limited access to healthcare resources and the stigma associated with chronic pain can further exacerbate these distressing emotions.



Conclusions

Accessibility

Access to healthcare services is a fundamental right that should be available to all individuals, regardless of their geographic location. The National Pain Survey 2023 has seen an increase in respondents leveraging technology to bridge the gap between healthcare providers, with 73.8% citing they like using telehealth for chronic pain-healthcare appointments, up from 44% in 2022. While telehealth holds great promise, addressing the underlying issues and ensuring equitable access to healthcare is crucial.

The experiences of hospital-based multidisciplinary pain programs show great disparities in the quality of care Australians can receive. Chronic Pain Australia believes that increasing accessibility for multidisciplinary pain management is essential. However, there is a need for system improvement so that patients receive care catered to their needs and treatment plan. Multidisciplinary pain management shouldn't only be available in the hospital setting but a significant investment should be made in the primary care setting. The evidence shows that easily accessible and local primary care pain management programs produce clinically significant improvements in an individual's pain, mental and emotional well-being, physical functioning, and ability to return to work and participate in society.

All Australians experiencing chronic pain, regardless of location, age, gender, cultural or socioeconomic background, deserve access to good quality multidisciplinary care and health professionals need to step up their skills and abilities to help support Australian's in pain.

Affordability

Cost is a barrier to accessing timely healthcare and can increase the chances of worsened physical and emotional pain. People with chronic pain skip essential pain management treatments, deprioritising other primary care check-ups, and forgo necessary essentials due to the rising cost of living. This indicates the significant strain of the cost of healthcare services on those who are particularly vulnerable and need to manage their budget to live, let alone pay for their medical bills.



Recommendations

1

The Australian Government should support the 31 Primary Health Networks (PHNs) with ongoing funding to co-commission with consumers, Local Hospital Networks, and primary care providers for community-based multidisciplinary pain management services.

2

A dedicated telehealth multidisciplinary pain management team for those Australians who cannot access high-quality pain management in their local region.

3

A national standard of training for each health discipline in the approach, management and care for people living with chronic pain.

4

Lived experience voices need to have an equal seat at the table in policy decisions, research and standards of care.

5

A long-term investment in chronic pain research, that has the consumer voice at the heart of its purpose.



Methodology

The 2023 National Pain Survey (NPS) is an online cross-sectional survey which aims to explore the experiences of adult Australians living with chronic pain or caring for someone with chronic pain. The survey was publicly available from May 23rd to June 12th, 2023.

Recruitment strategies targeted individuals aged 18 and over in Australia, who either experienced chronic pain or were caregivers for individuals with chronic pain. Various channels, including the Chronic Pain Australia (CPA) website, social media, email, and collaborations with relevant organizations, were utilised for participant recruitment.

Consenting participants completed the approximately 20-minute online survey, covering topics related to chronic pain experiences, including awareness, access, and affordability issues. The collected data, comprising both quantitative and qualitative information, were securely stored using the online survey management software, REDCap.

Quantitative data analysis involved descriptive statistics using software like Excel or STATA/IC 15 to summarise findings such as percentages, means, modes, medians, standard deviations, and ranges. Qualitative data were analysed descriptively, with qualitative responses summarised. Subgroup analysis based on participant characteristics, such as age, gender, and rurality, was conducted to explore potential influences on awareness, affordability, and accessibility related to chronic pain experiences.

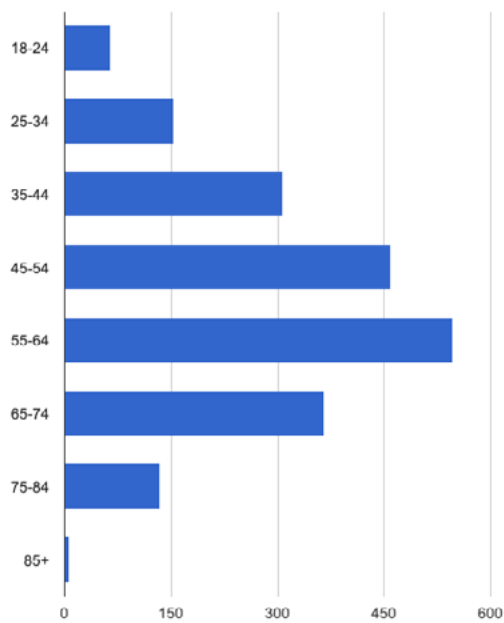
The study received ethics approval from the Hunter New England Human Research Ethics Committee of Hunter New England Local Health District (Reference 2023/ETH00640). To ensure participant rights, privacy, and confidentiality, consent was obtained from all participants, responses were anonymous and data were securely stored. The research adhered to ethical guidelines established by the ethics committee, ensuring the integrity and ethical conduct of the study.



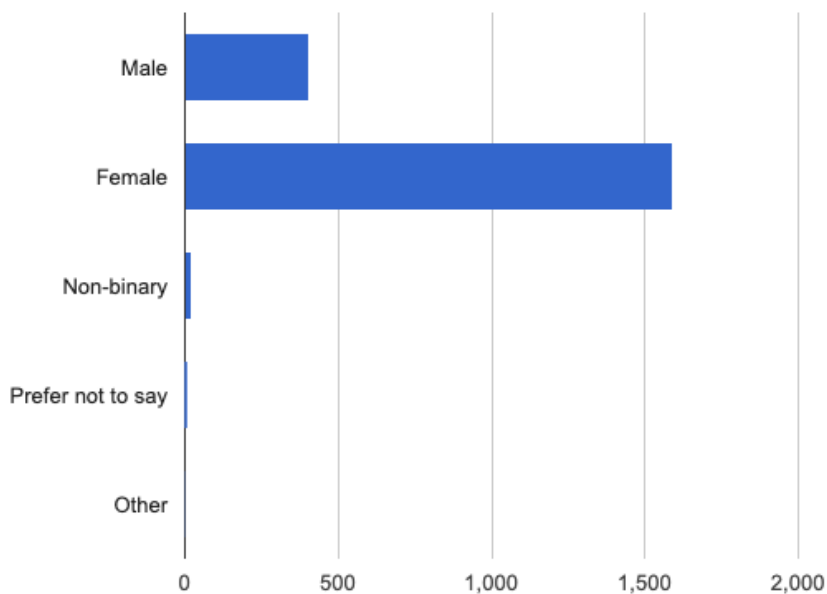
Full Survey

Section 1 - Demographics

1. What is your age?



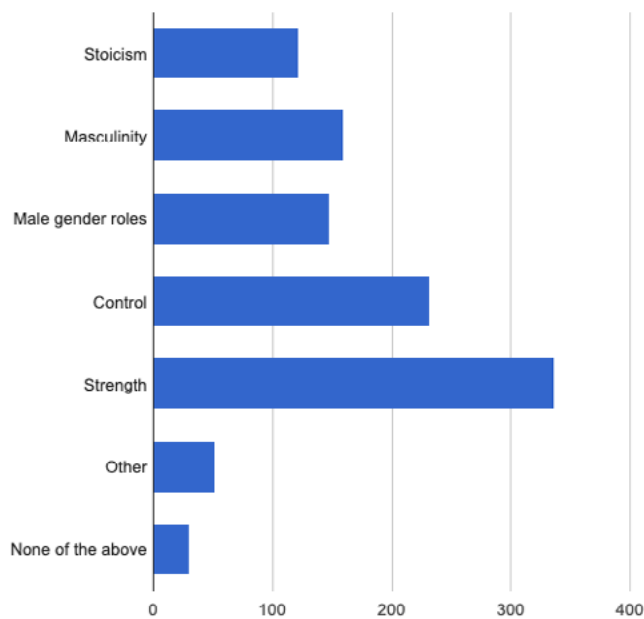
2. What gender do you identify with?



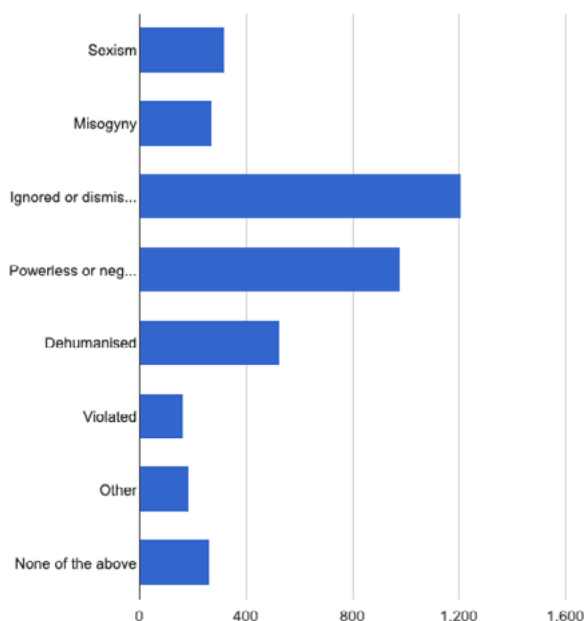


Full Survey

3. Since you have had chronic pain, has your experience reduced your sense of any of the following? (Select ALL that apply)



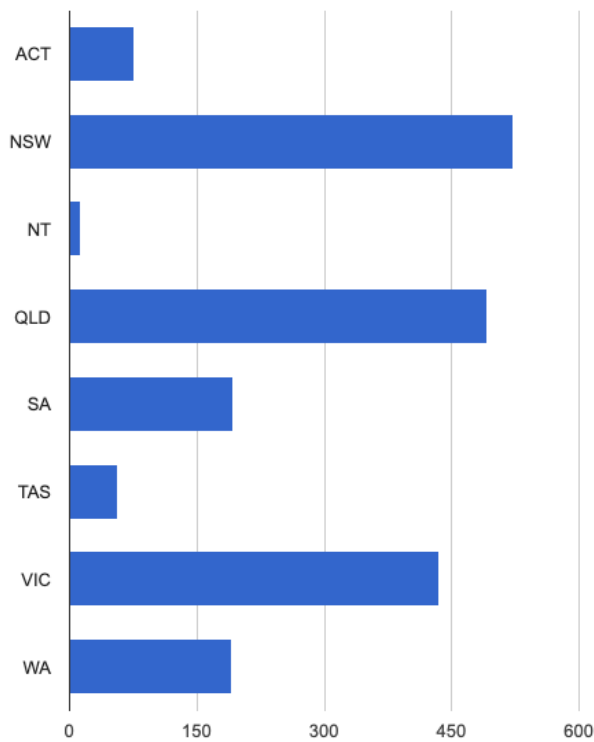
4. Have you experienced or felt any of the following when accessing healthcare services for your chronic pain? (Select ALL that apply)



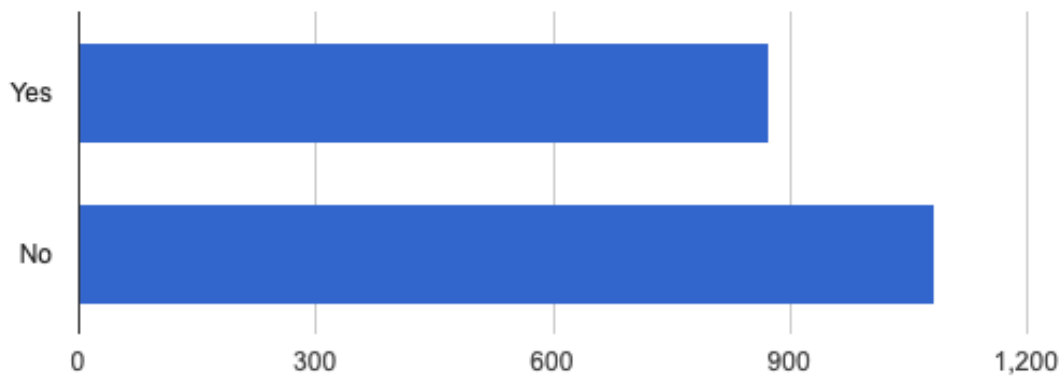


Full Survey

5. What State or Territory do you live in?



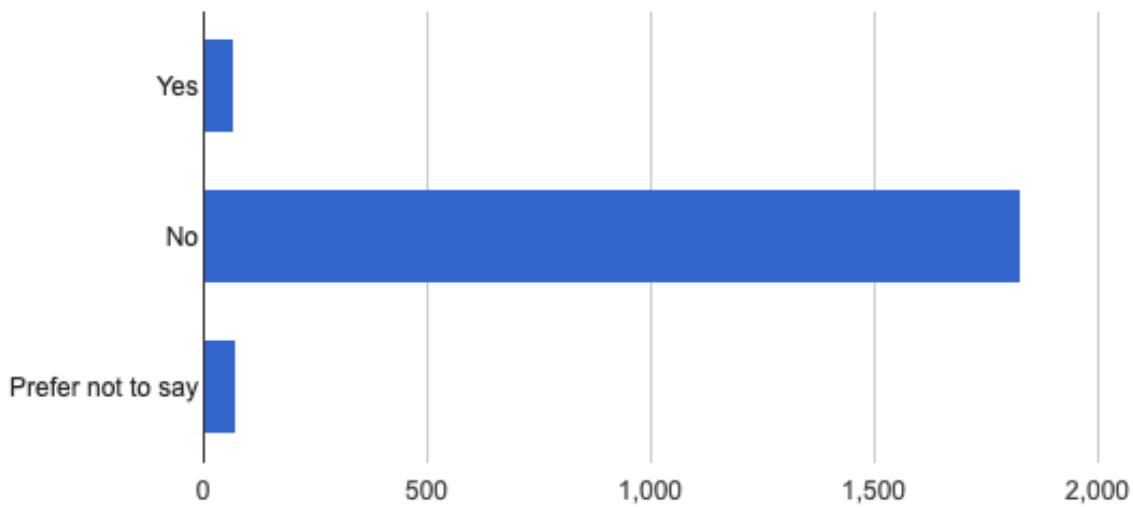
6. Do you live in a rural or regional area?



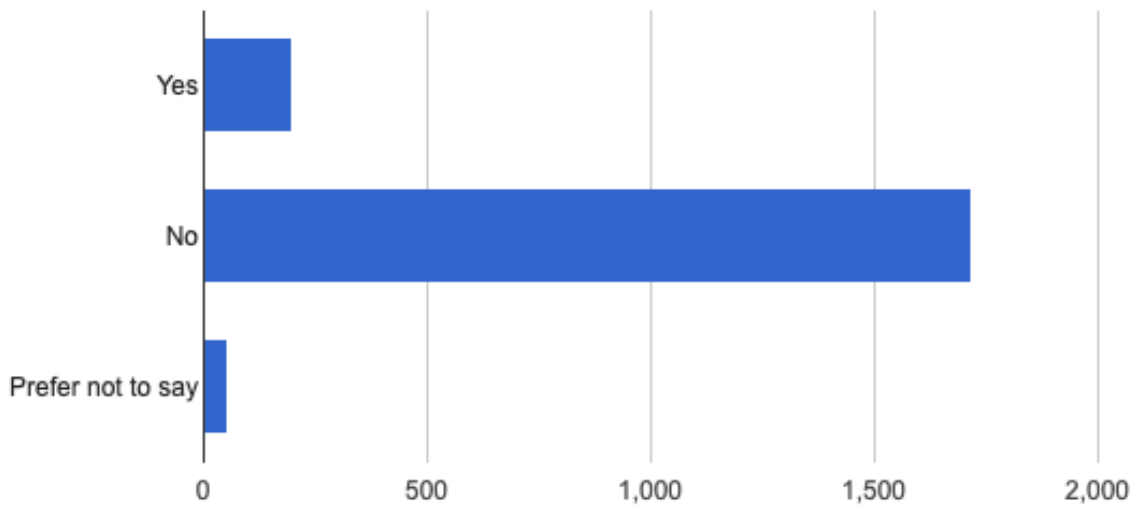


Full Survey

7. Do you identify as a First Nations person?



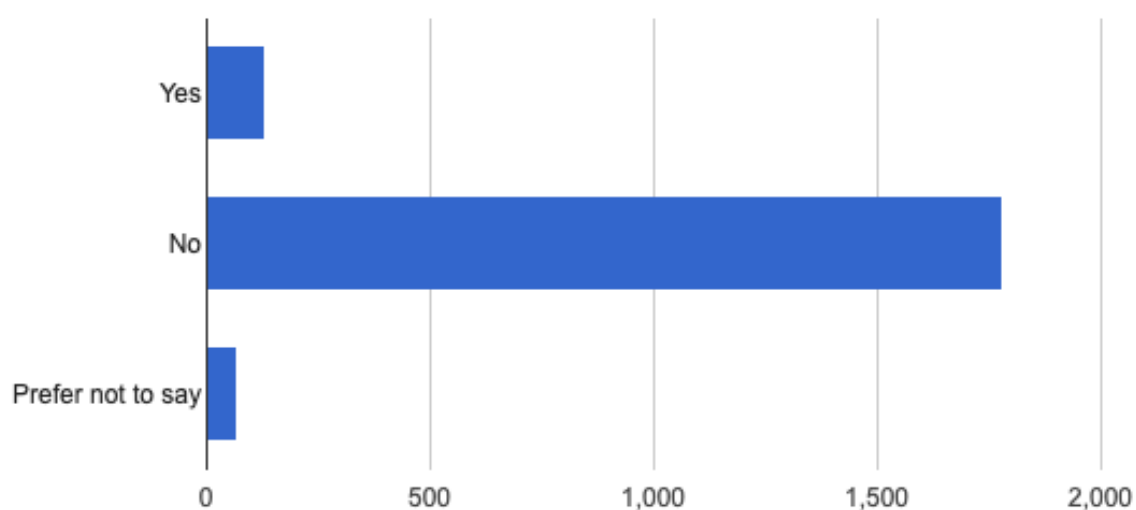
8. Do you identify as part of the LGBTQIA+ community?





Full Survey

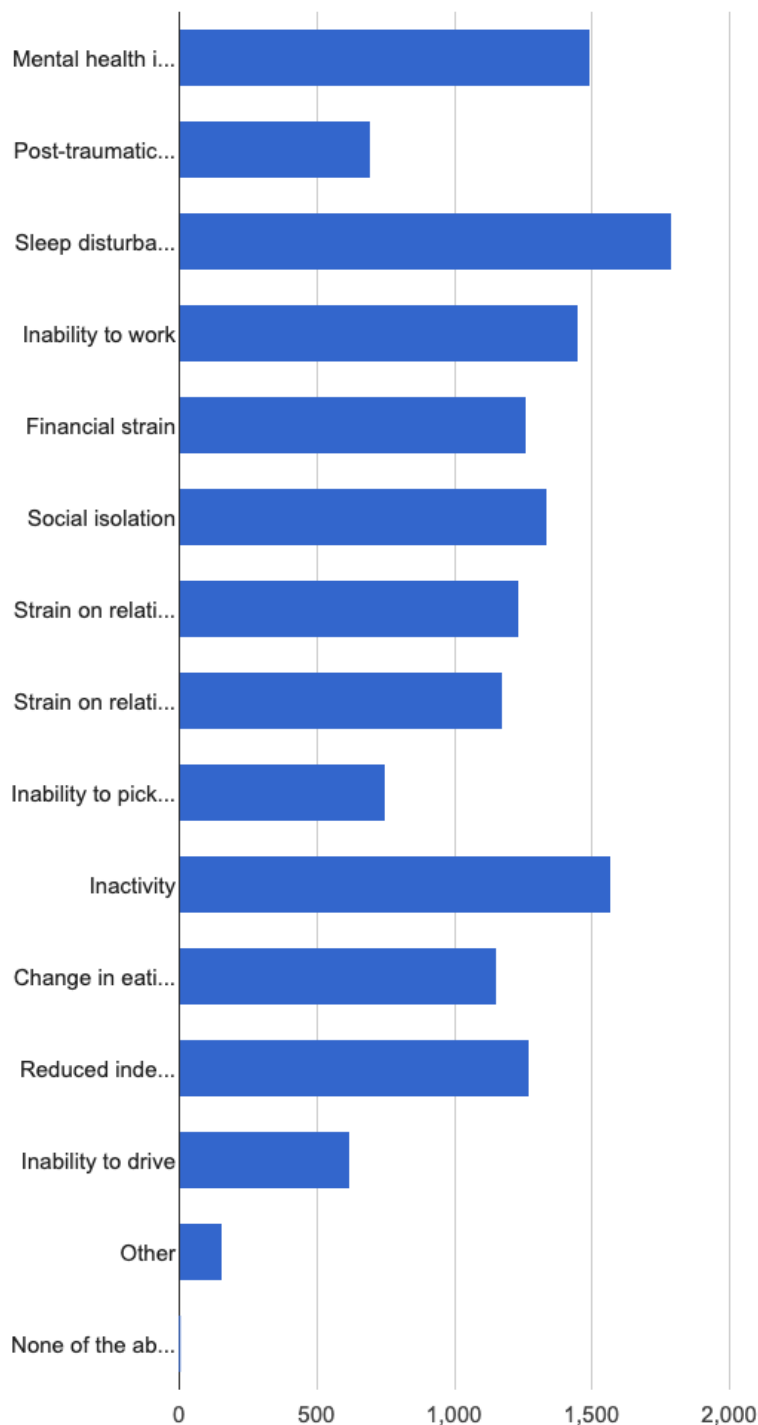
9. Do you identify as part of a culturally and linguistically diverse community?





Section 2 - The Lived and Living Experiences

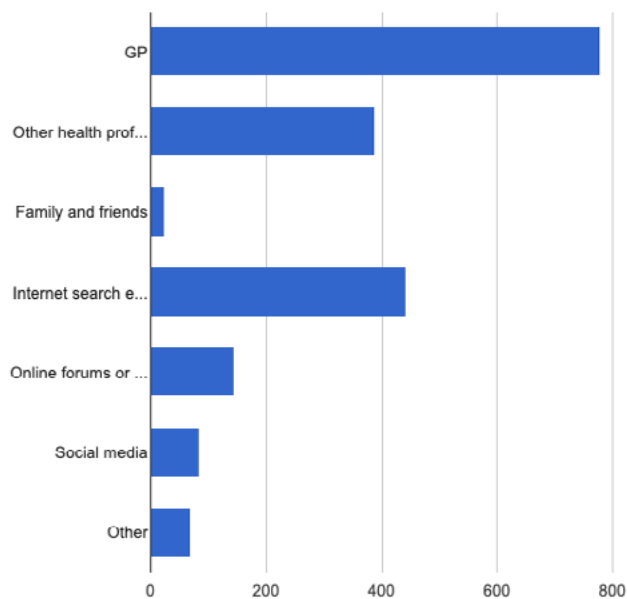
10. Since experiencing chronic pain, have you experienced any changes to the following aspects of your life? Select ALL that apply.



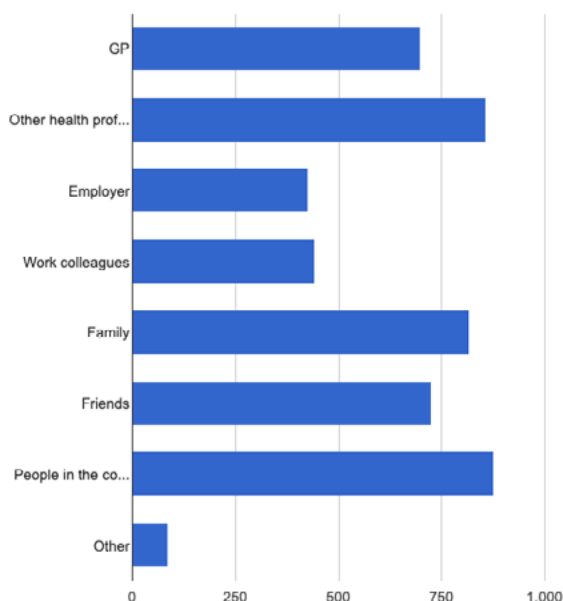


Section 3 - Awareness

11. When searching for information to manage your chronic pain, what is the MOST IMPORTANT information source for you? Please select ONE option.



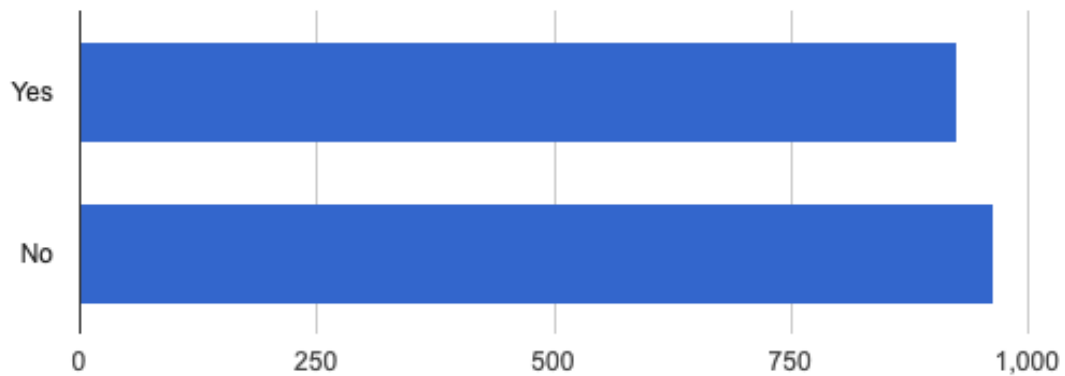
12. Do you experience stigma from any of the following people, in relation to your chronic pain? Please select ALL that apply.



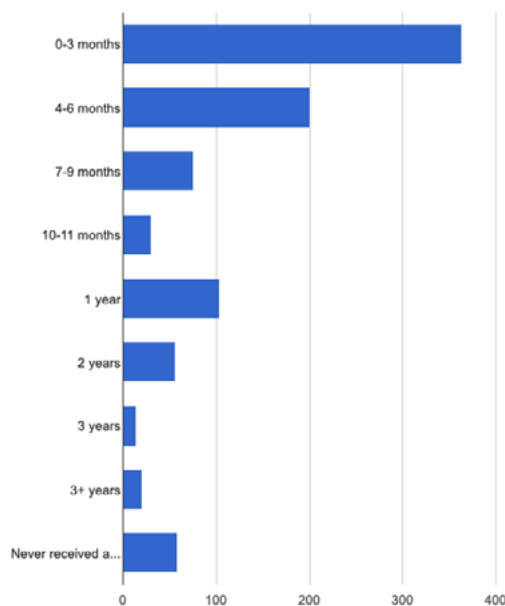


Full Survey

13. Has your GP referred you to a multidisciplinary pain management program or pain clinic?



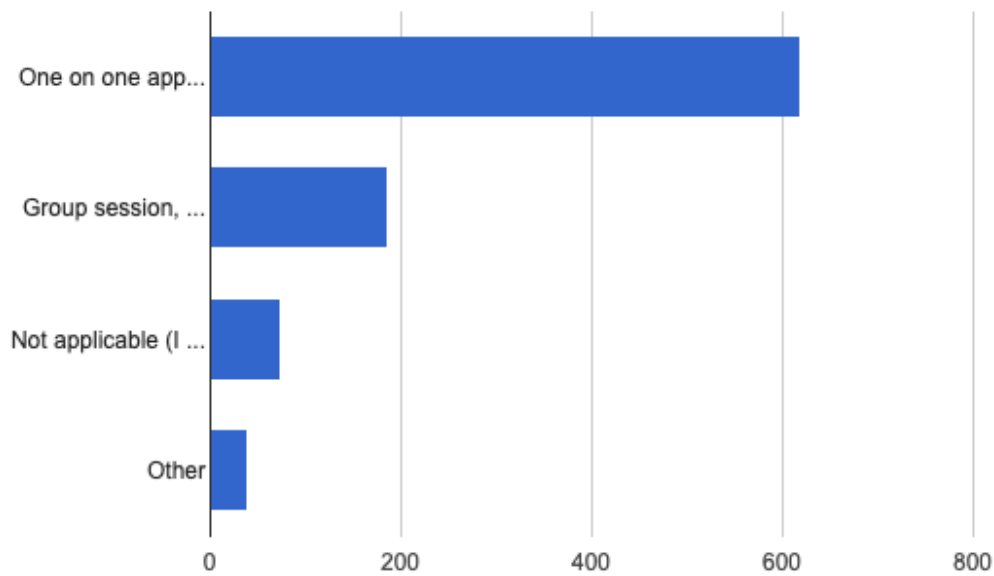
14. How long were you on a waiting list until you had your first appointment?



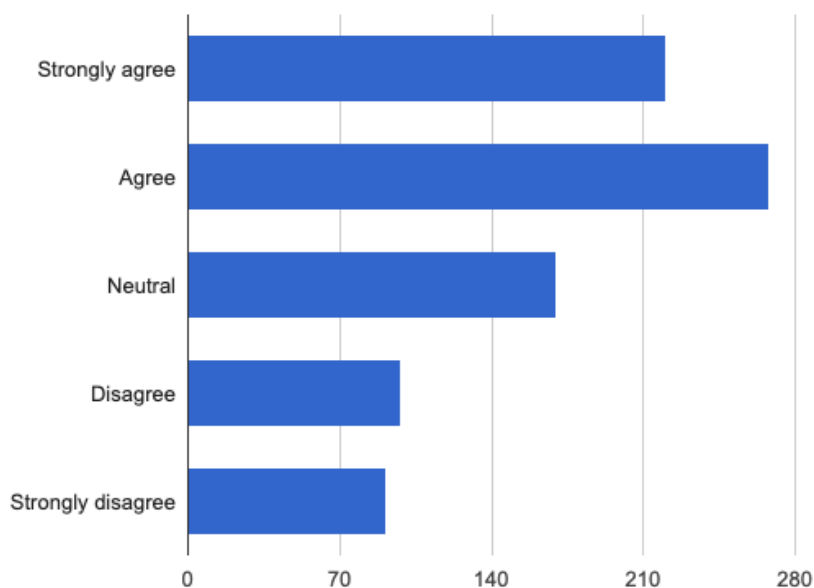


Full Survey

15. When you attended your appointment at the multidisciplinary pain service or pain clinic. Was your appointment



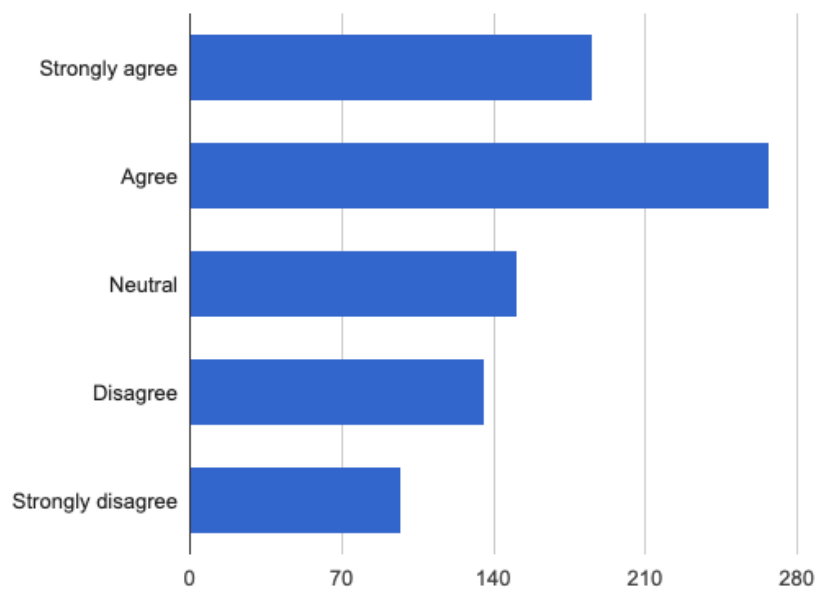
16. a. Was the appointment - Appropriate



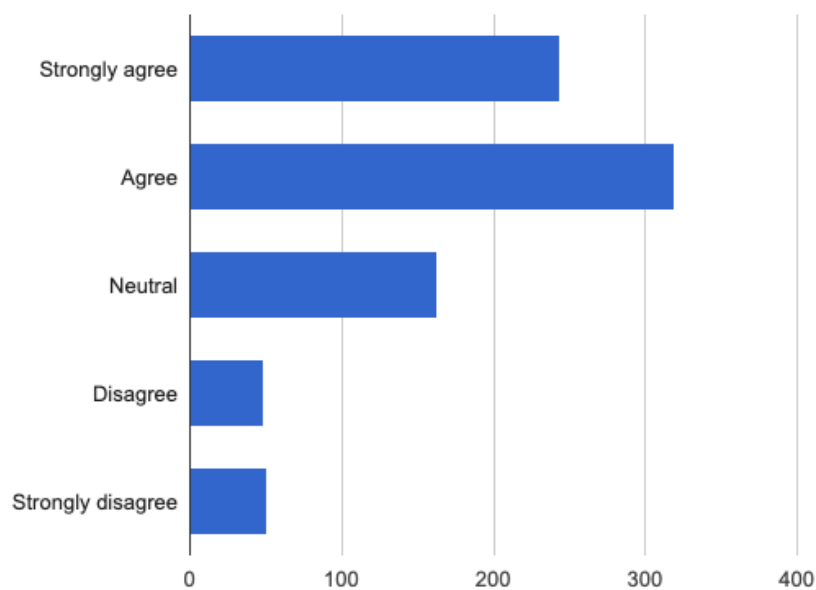


Full Survey

16. b. Comfortable



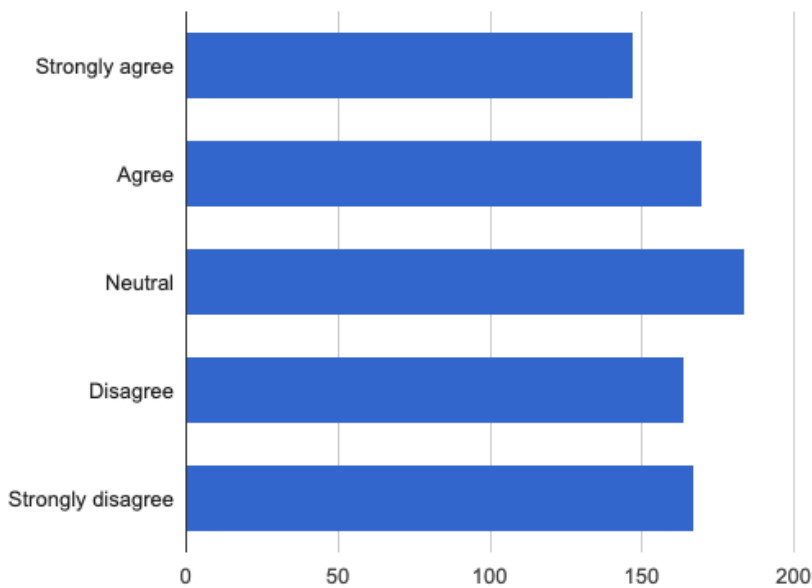
16. c. Safe



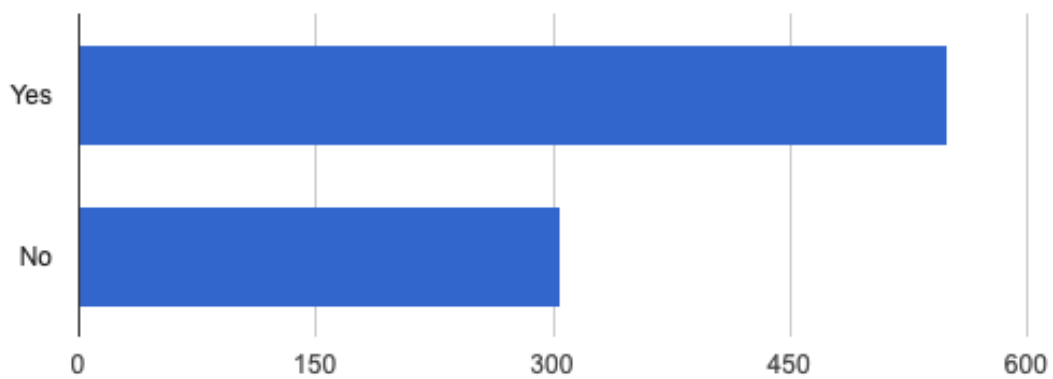


Full Survey

16. d. Tailored to your needs



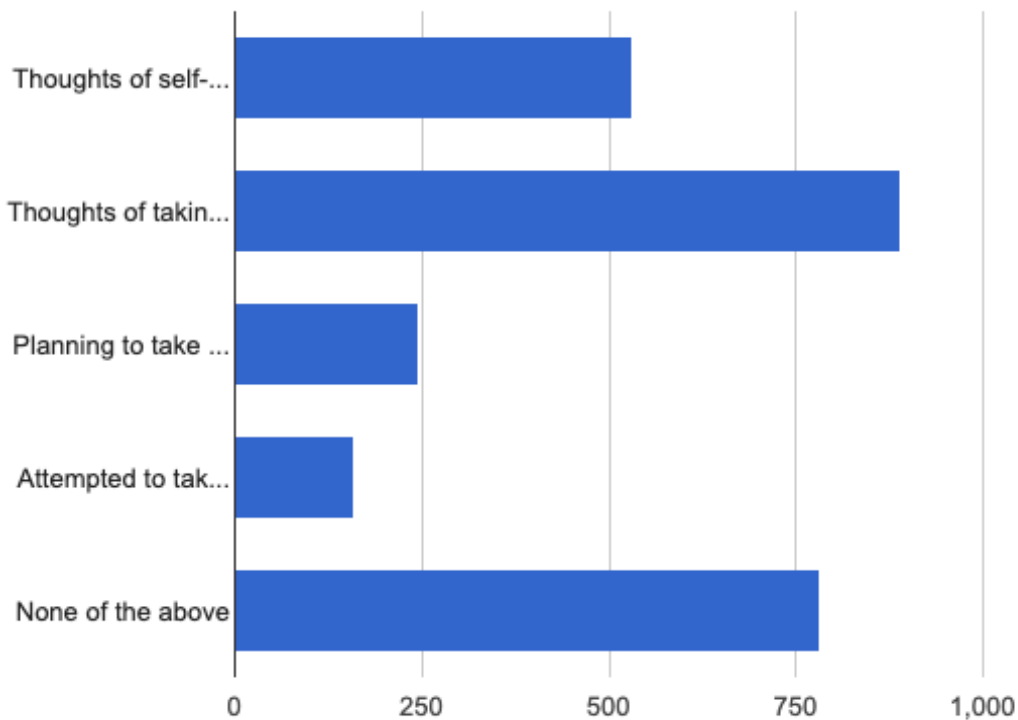
17. Would you recommend multidisciplinary pain management services to other people experiencing pain?





Full Survey

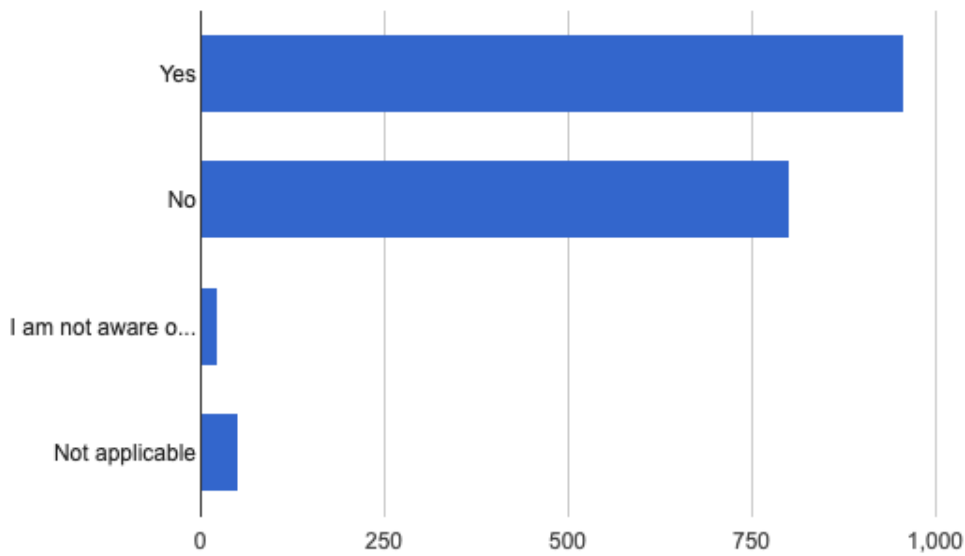
18. The next question asks about suicide and may cause distress. If you would like to skip this question, please don't answer and continue the survey. If you would like support please call Lifeline on 131114 or PainLink on 1300 340 357. Sometimes people feel that life is not worth living because of chronic pain. Do you experience any of the following (select ALL that apply)



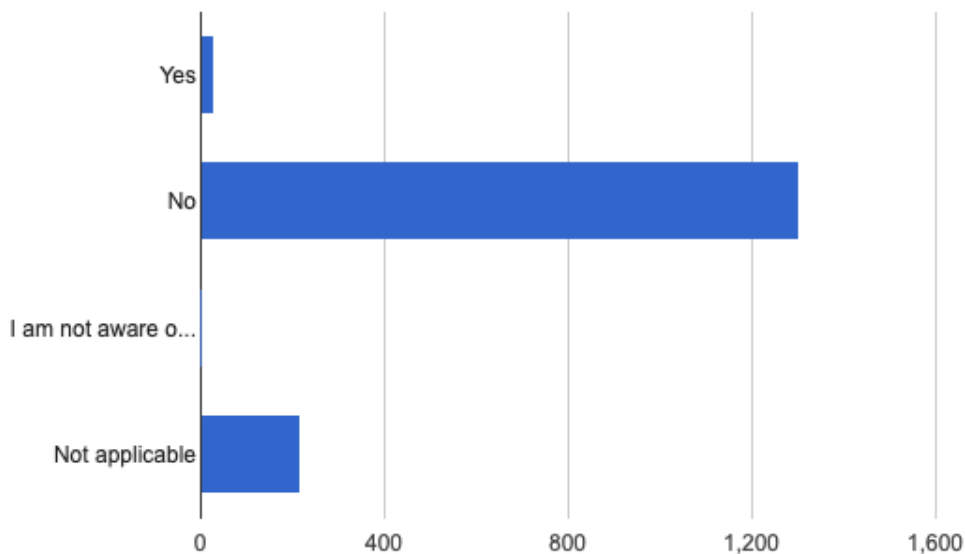


Section 4 - Affordability

19. a. Do you have any of the following - A government health care card



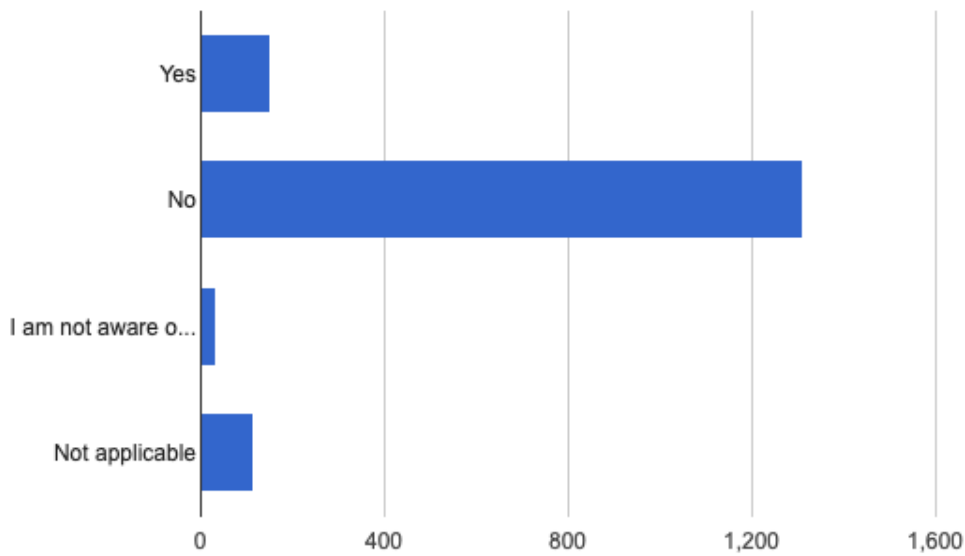
19. b. Do you have any of the following - A veterans health care card



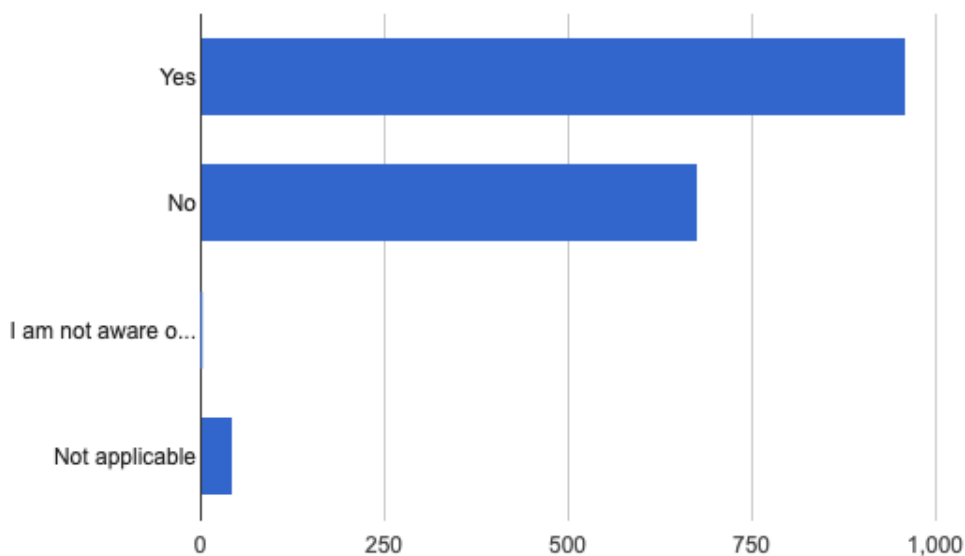


Full Survey

19. c. - Do you have any of the following - A NDIS plan



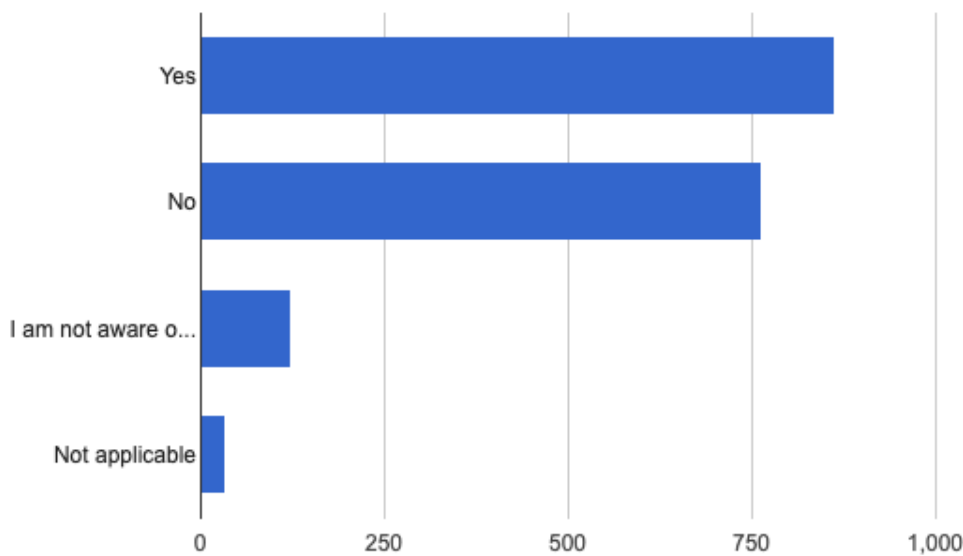
19. d. Do you have any of the following - Private health insurance



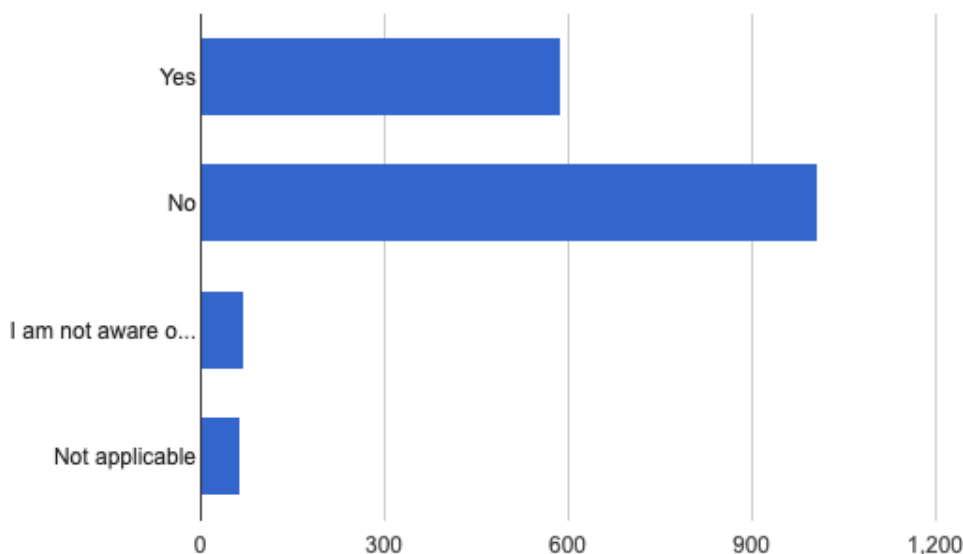


Full Survey

19. e. Do you have any of the following -A chronic disease management care plan from your GP (provides you with 5 Medicare funded sessions with Allied Health professionals every year)



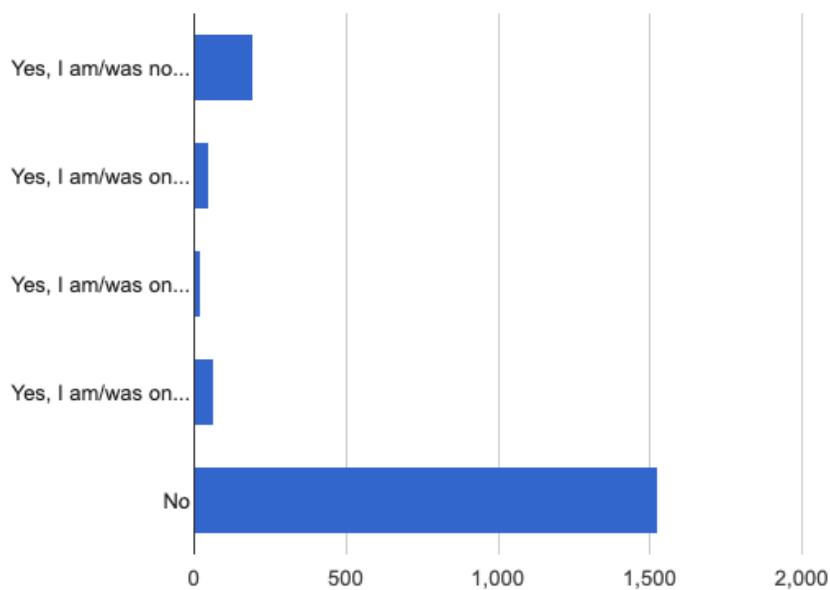
19. f. Do you have any of the following -A mental health management plan from your GP (provides you with 10 sessions with a mental health professional every year)



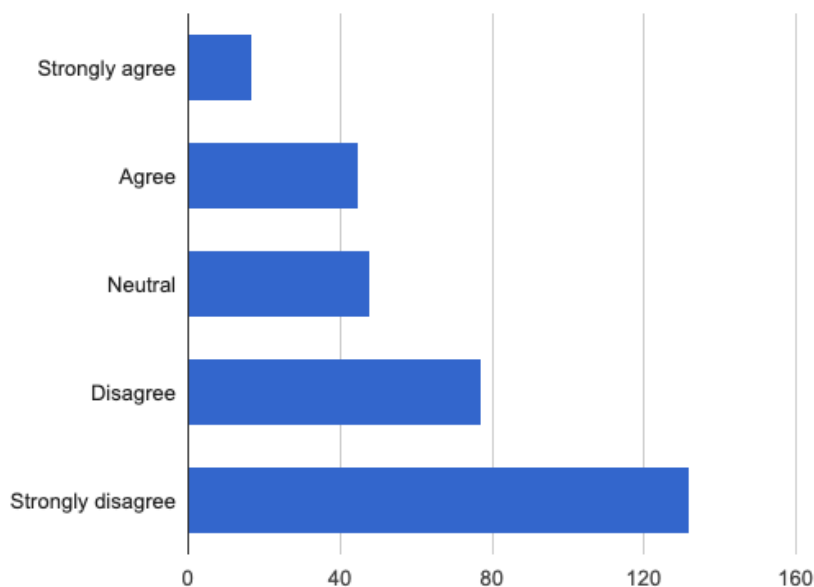


Full Survey

20. Are you currently/or have you ever been on workers compensation (or equivalent) because of your chronic pain?



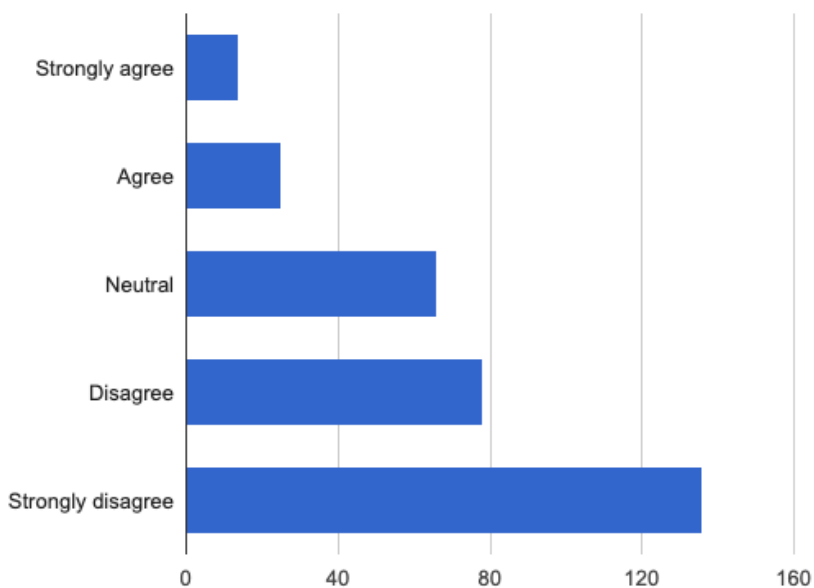
21. a. Based on your experience with workers compensation, please rate your responses to the following statements - I feel/felt understood by my case manager



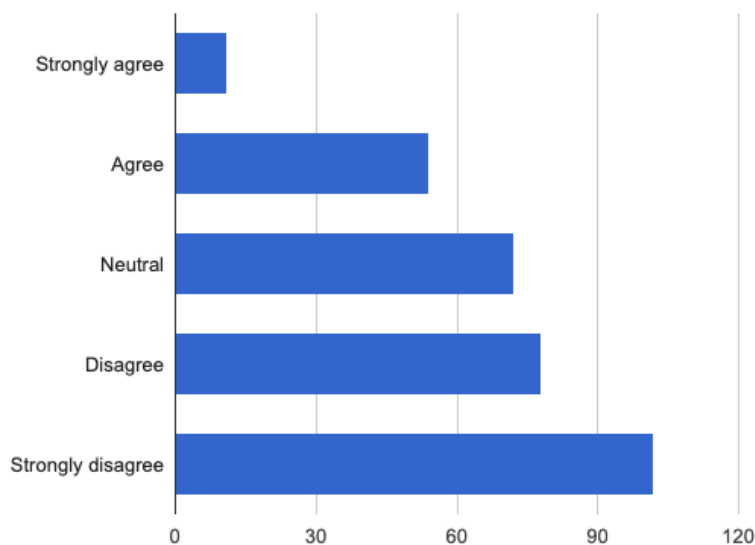


Full Survey

21. b. Based on your experience with workers compensation, please rate your responses to the following statements - My case manager was/is knowledgeable about chronic pain



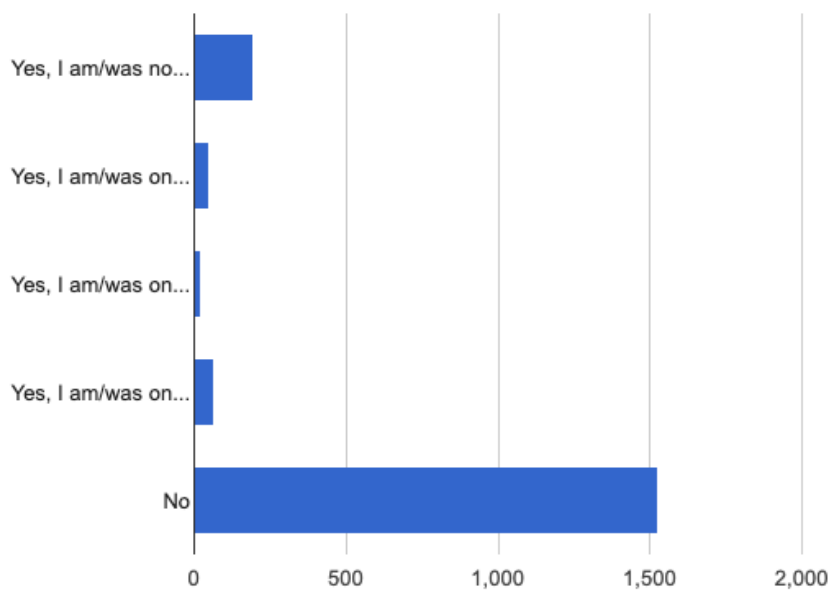
21. c. Based on your experience with workers compensation, please rate your responses to the following statements - There was appropriate funding to access the necessary pain services through my claim



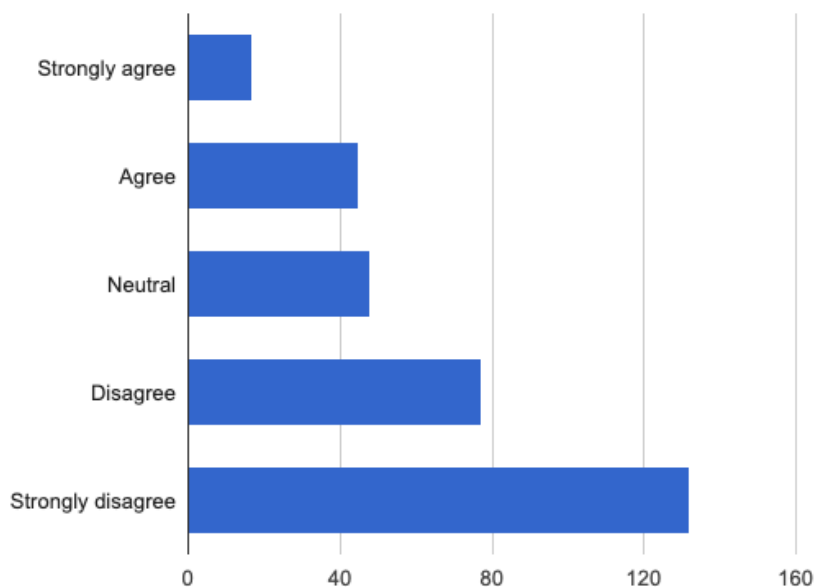


Full Survey

21. d. Based on your experience with workers compensation, please rate your responses to the following statements - I was given access to appropriate pain services in a timely manner



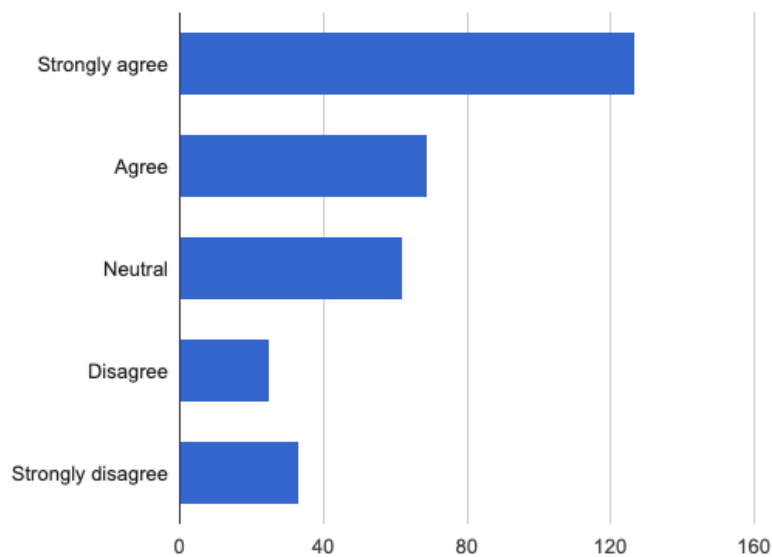
21. e. Based on your experience with workers compensation, please rate your responses to the following statements - Overall, I am/was satisfied with my workers compensation experience



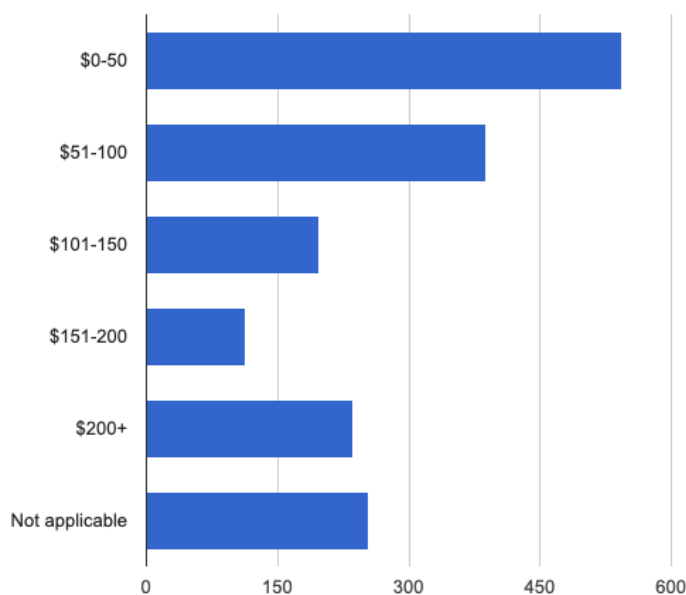


Full Survey

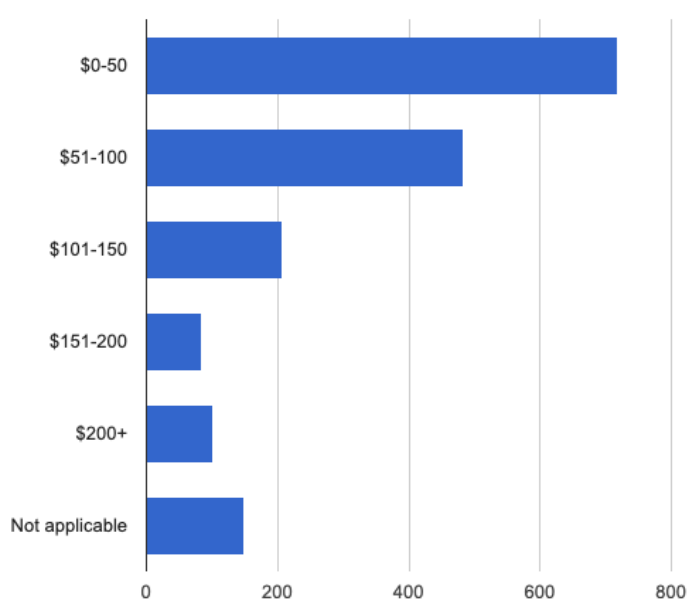
21. f. Based on your experience with workers compensation, please rate your responses to the following statements -The workers compensation process made my pain/situation worse



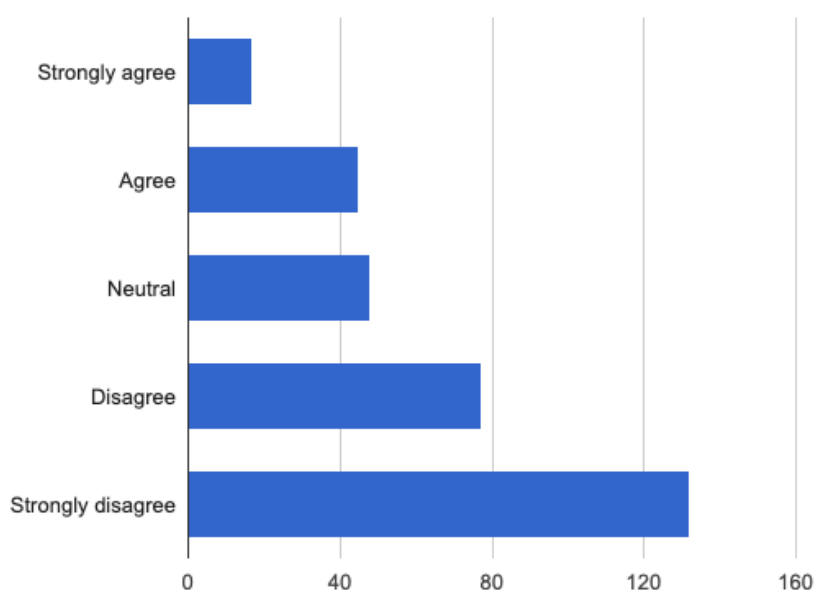
22. a. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - Medicines NOT on the Pharmaceutical Benefits Scheme (PBS)



22. b. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - Medicines ON the Pharmaceutical Benefits Scheme (PBS)



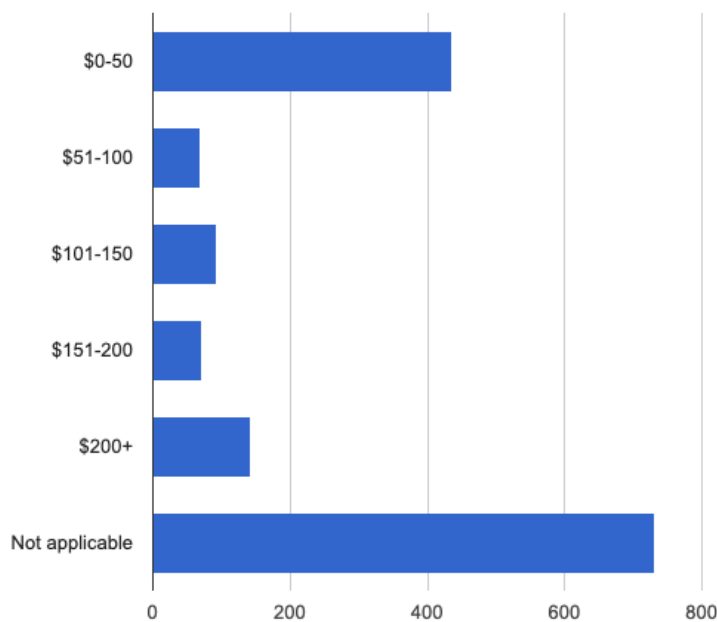
22. c. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - GP



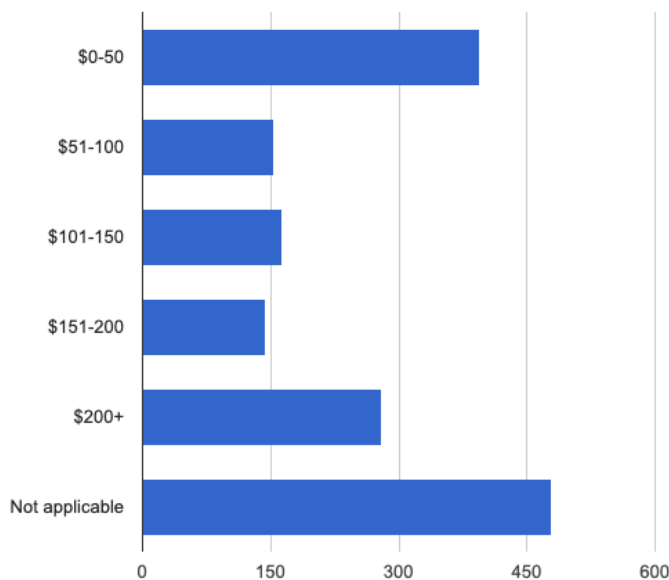


Full Survey

22. d. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - Psvchologist (mental health)



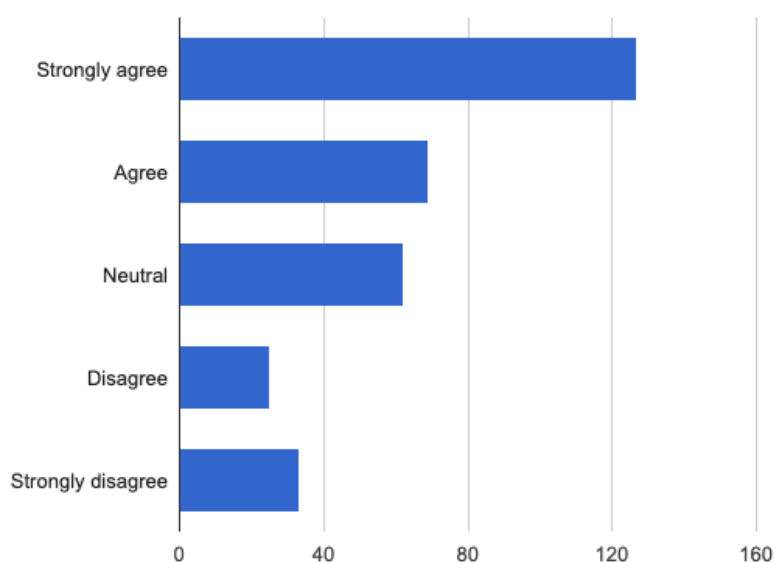
22. e. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - Medical specialists (e.g. pain, rheumatologist, psychiatrist, neurologist, gynaecologist)



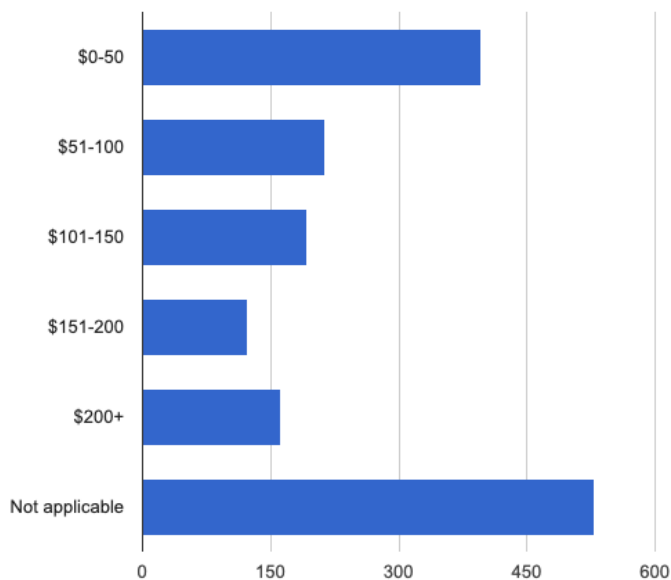


Full Survey

22. f. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - Allied health professionals (e.g. physiotherapist, exercise physiologist, OT, dietitian)



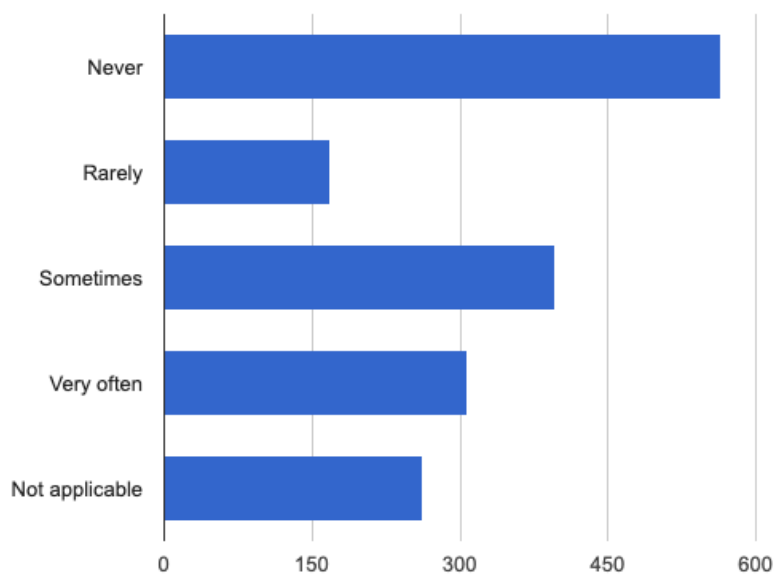
22. g. On average, how much would you spend, out of pocket/of your own money (e.g. gap payment), per month, on the following for your chronic pain - Other health related services (e.g., massage, acupuncture)



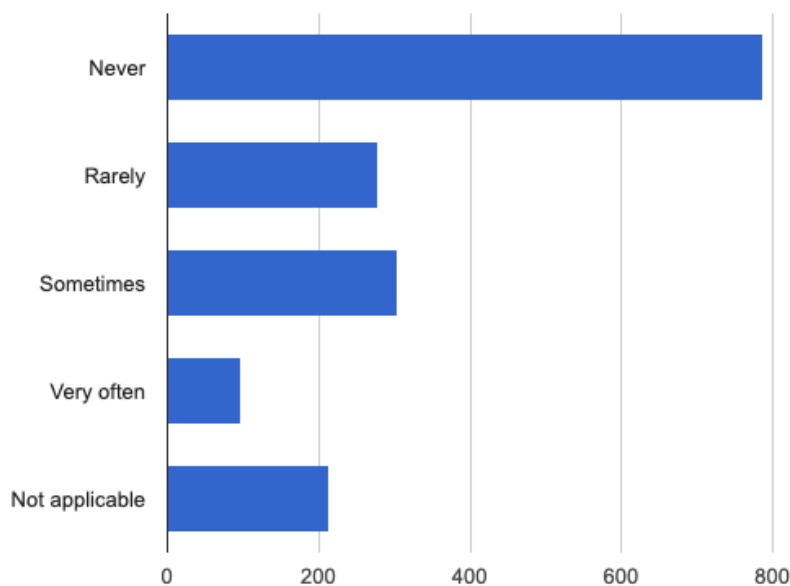


Full Survey

23. a. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - Medicines NOT on the Pharmaceutical Benefits Scheme (PBS)



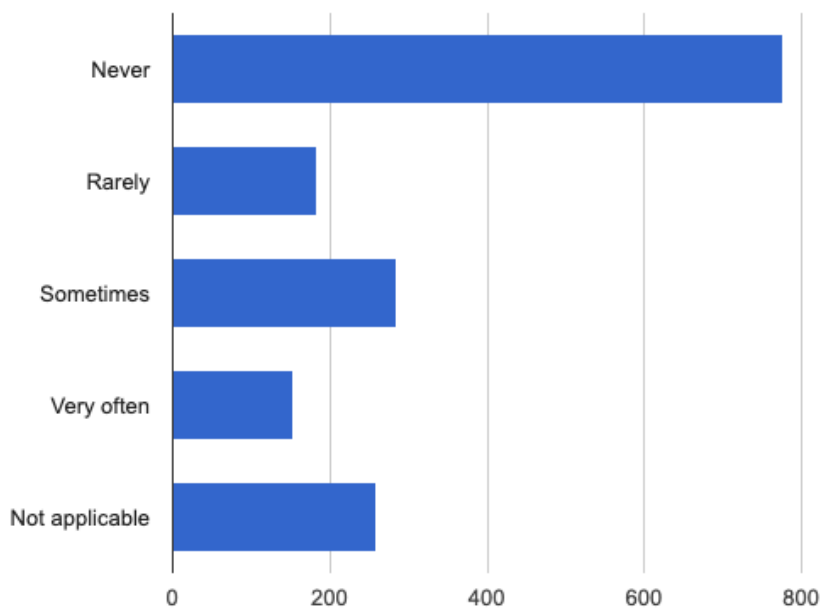
23. b. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - Medicines ON the Pharmaceutical Benefits Scheme (PBS)



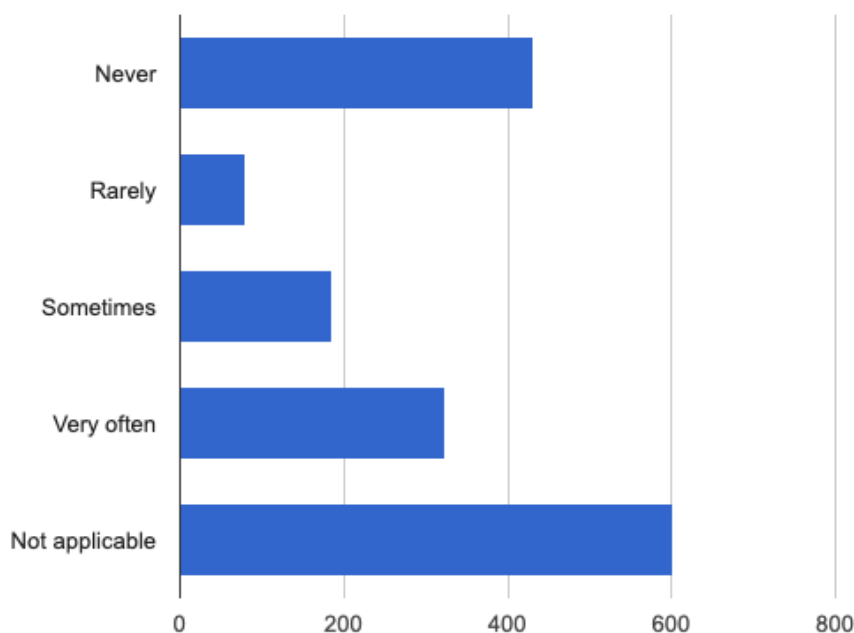


Full Survey

23. c. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - GP



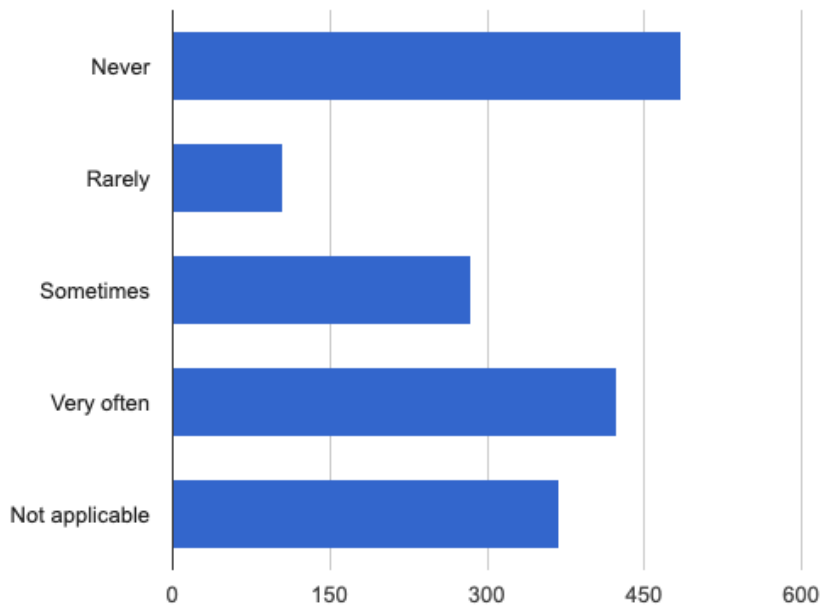
23. d. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - Psychologist (mental health)



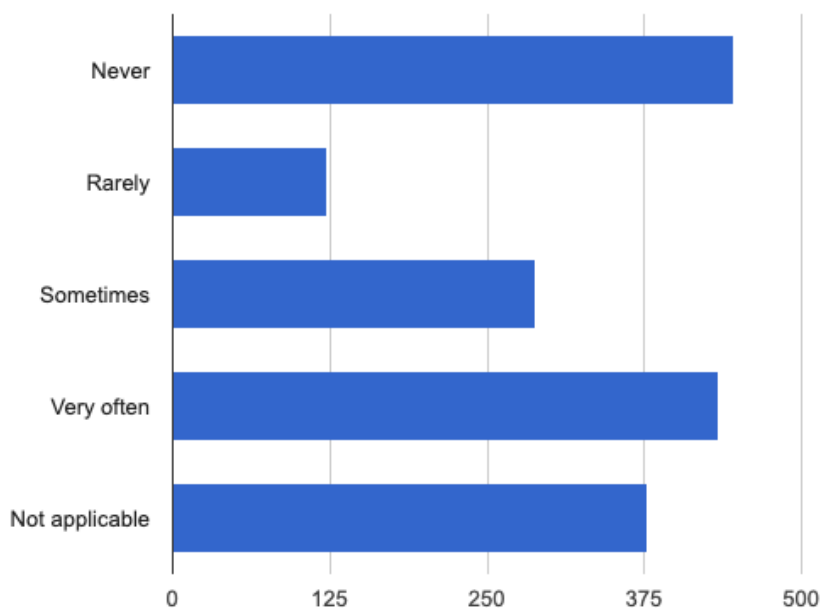


Full Survey

23. e. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - Medical specialists (e.g. pain, rheumatologist, psychiatrist, neurologist, gynaecologist)



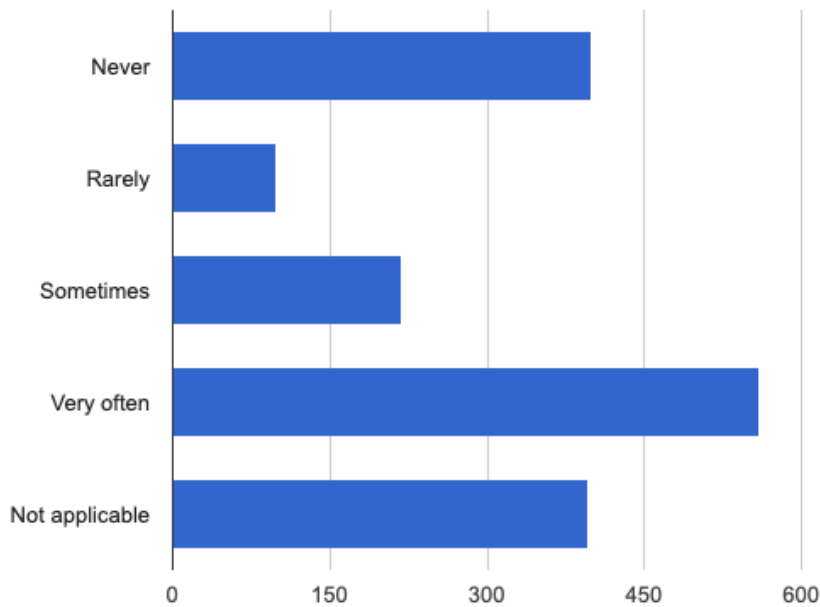
23. f. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - Allied health professionals (e.g. physiotherapist, exercise physiologist, OT, dietitian)



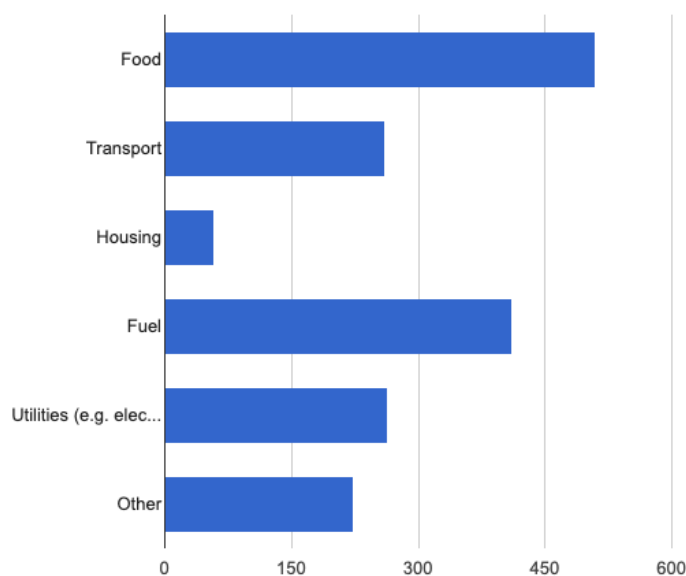


Full Survey

23. g. In the last 12 months, I was UNABLE to afford (financially) the following for my chronic pain - Other health related services (e.g., massage, acupuncture)



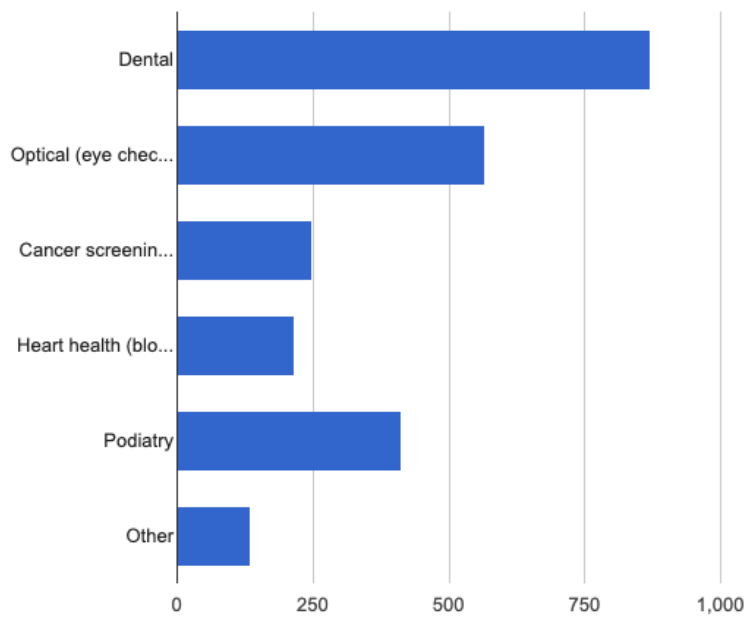
24. In the last 12 months, I and/or my household went without the following essential household items, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.





Full Survey

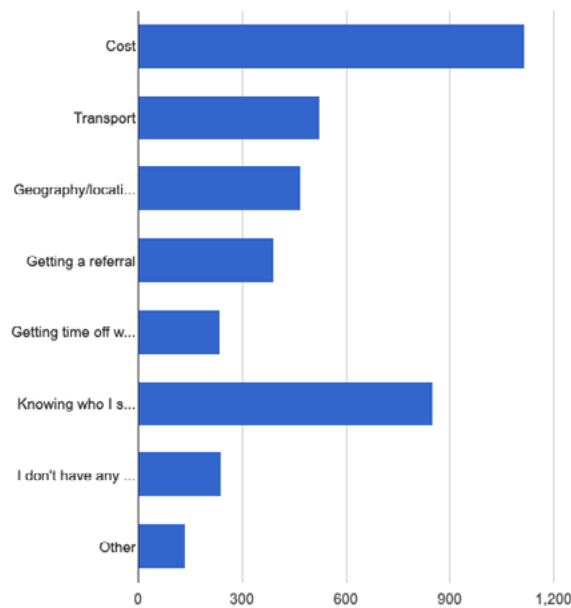
25. In the last 12 months, I and/or my household deprioritised other health care checks, so I could afford medicines and healthcare for my chronic pain management. Please select ALL that apply.



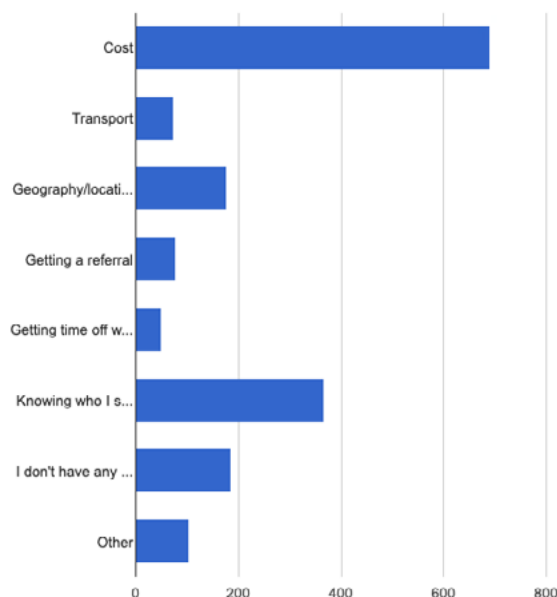


Section 5 - Accessibility

26. Do any of the following issues prevent you from accessing health professional services/specialists for your chronic pain? Please select ALL that apply.



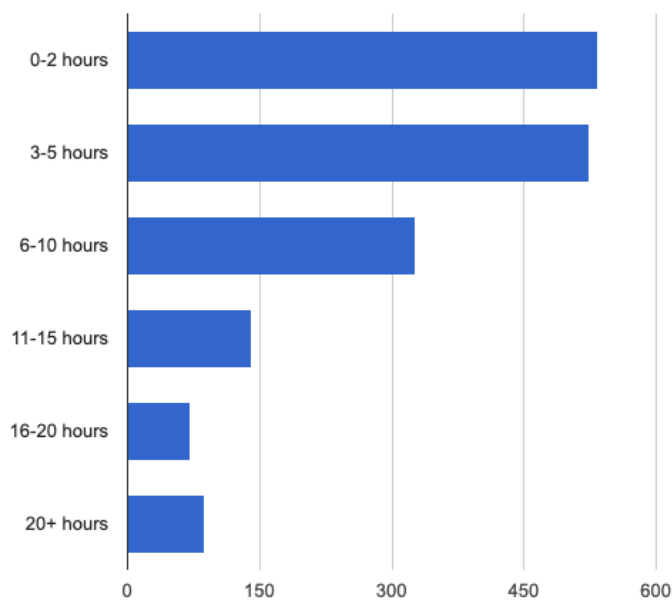
27. What is the BIGGEST barrier for you in accessing health professional services/specialists for your chronic pain? Please select ONE option.



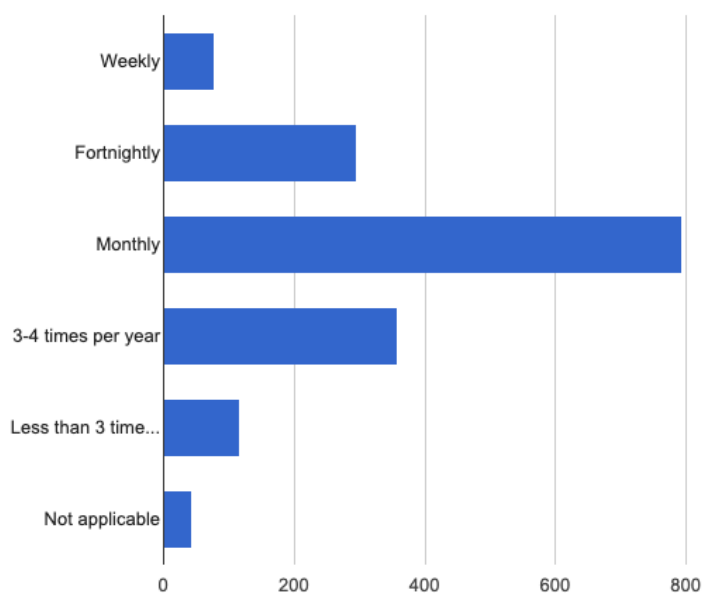


Full Survey

28. Typically, how many hours, per month, would you spend attending health care appointments (including travel and wait times) in relation to your chronic pain management?



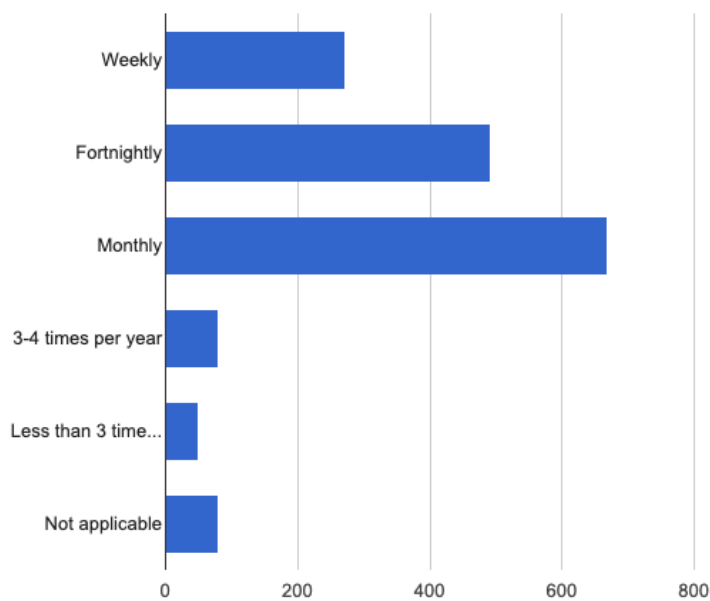
29. a. How often do you visit the following about your chronic pain - GP



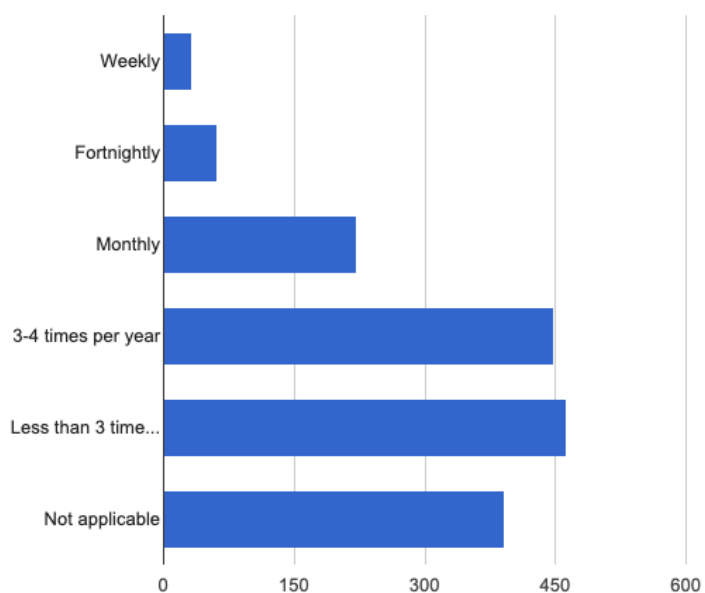


Full Survey

29. b. How often do you visit the following about your chronic pain -Pharmacist.



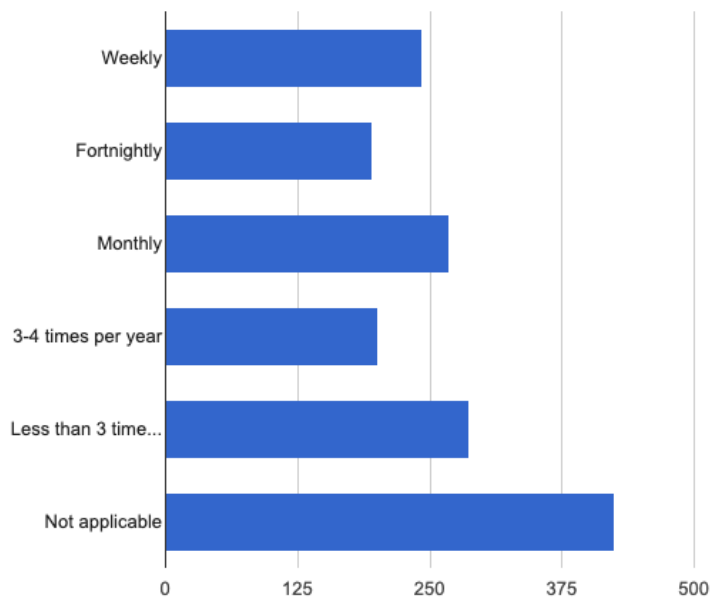
29. c. How often do you visit the following about your chronic pain - Medical specialists (e.g. pain, rheumatologist, psychiatrist, neurologist, gynaecologist)



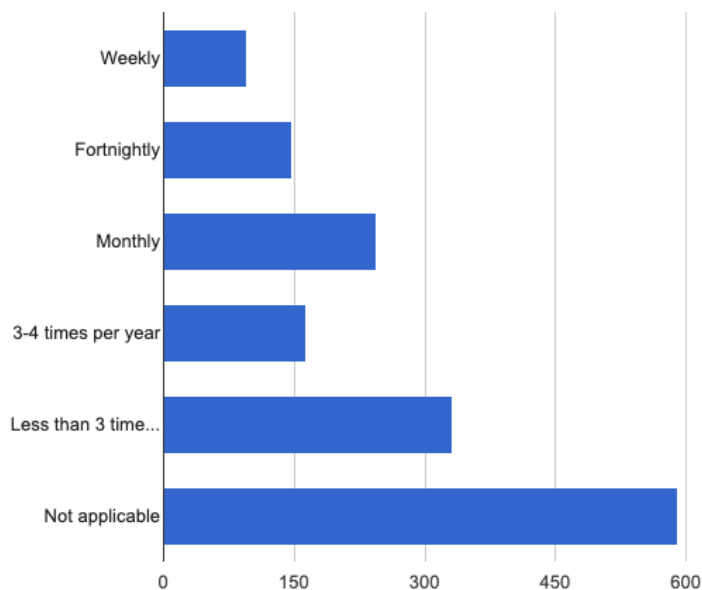


Full Survey

29. d. How often do you visit the following about your chronic pain -Allied health professionals (e.g., physiotherapist, exercise physiologist, OT, dietitian)



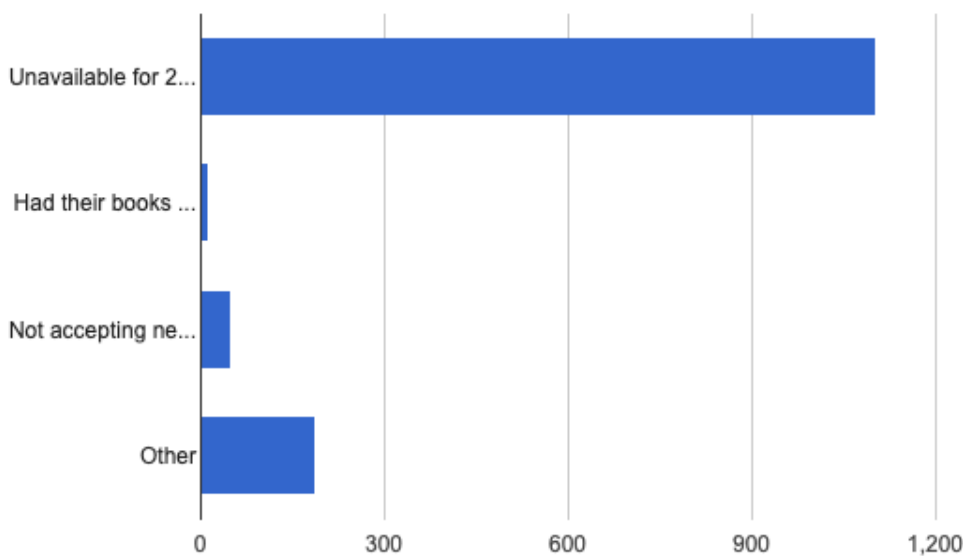
29. e. How often do you visit the following about your chronic pain -Other health related services (e.g., massage, acupuncture)



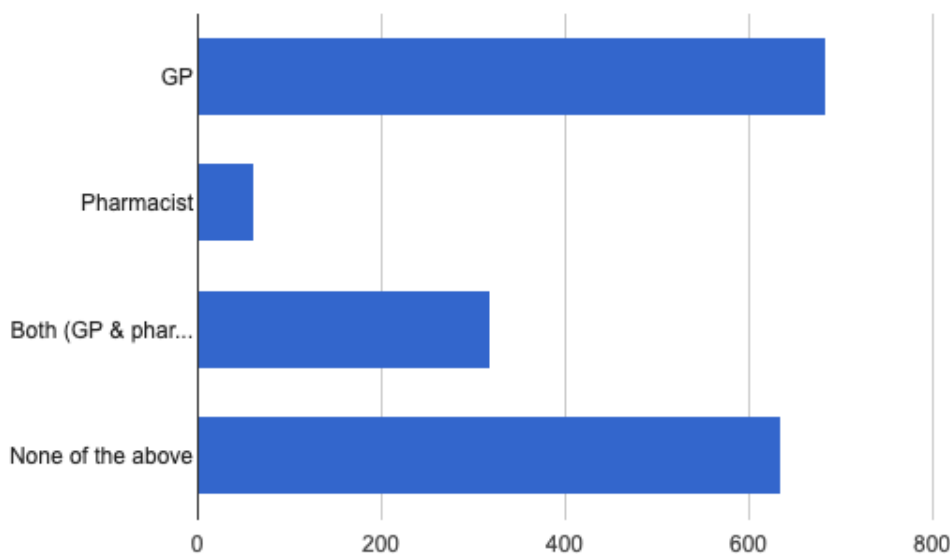


Full Survey

30. In the past 6 months, when you tried to book a GP appointment, was the GP



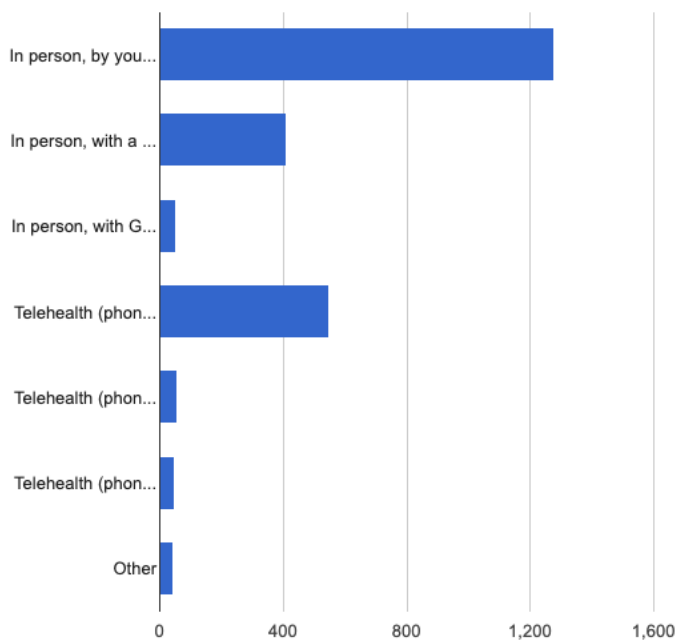
31. Have you ever had any of the following review your medicines and discuss your Medicine Management Plan?



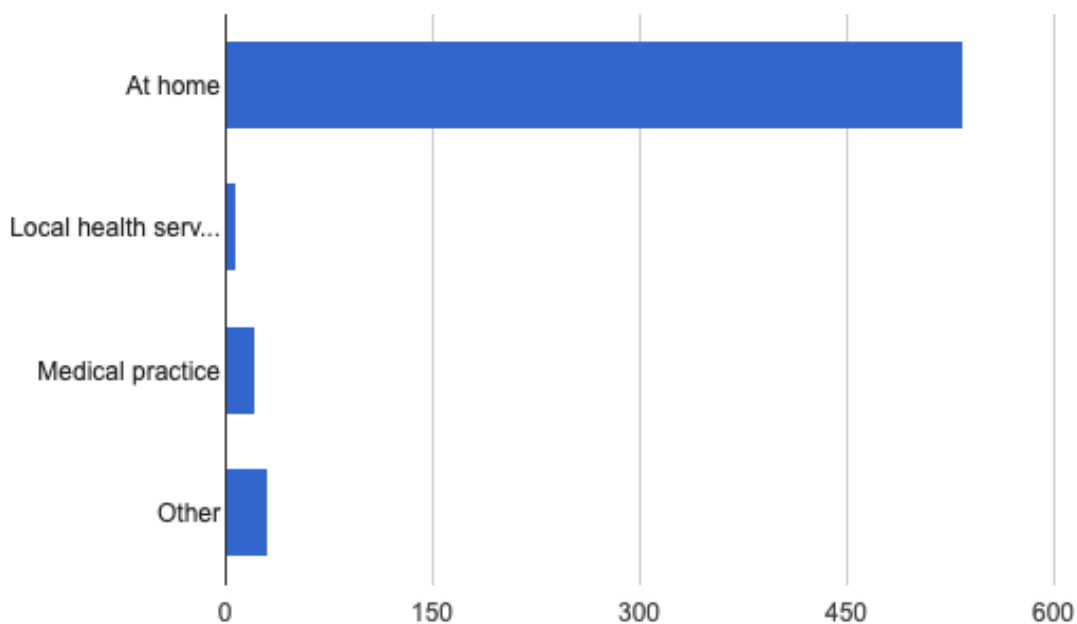


Full Survey

32. What is the most common way that you attend your chronic pain health care appointments? Select ALL that apply.



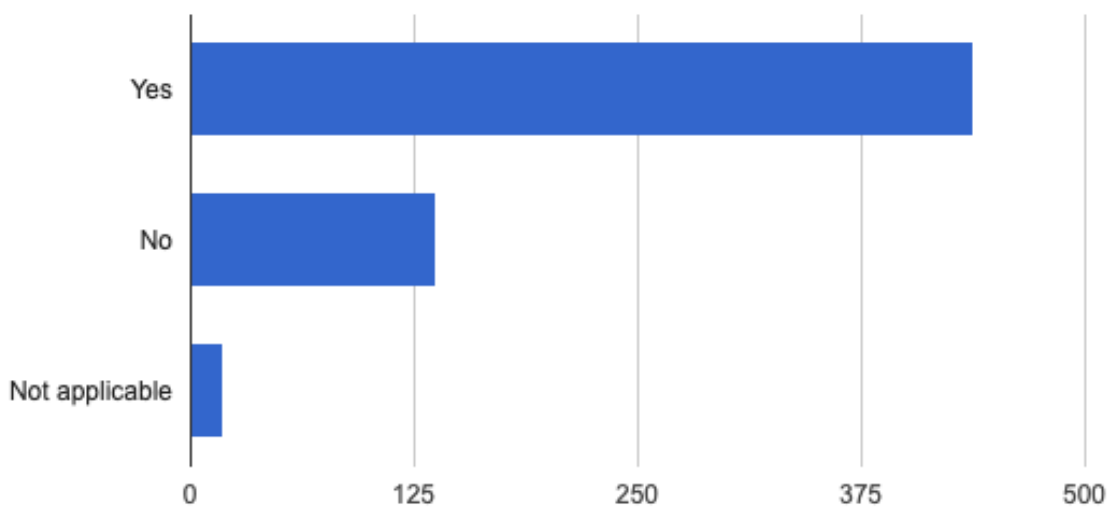
33. Where are you, when you attend telehealth appointments?



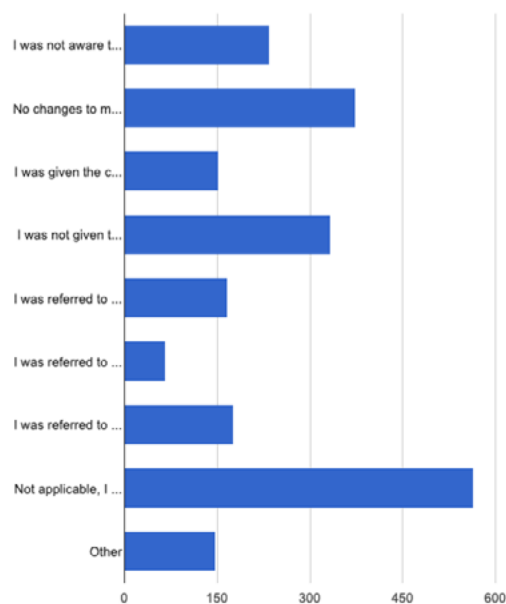


Full Survey

34. Do you like using telehealth for your chronic pain healthcare appointments?



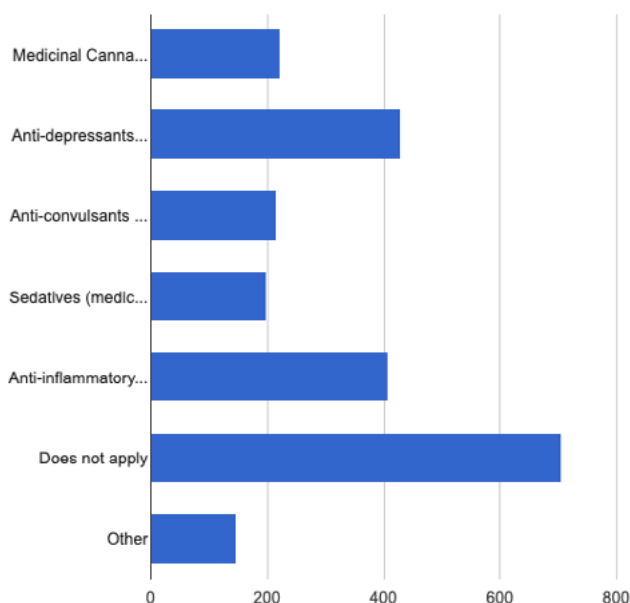
35. Since all the changes to opioid prescribing, has your GP changed the way your pain is managed? Please select ALL that apply.



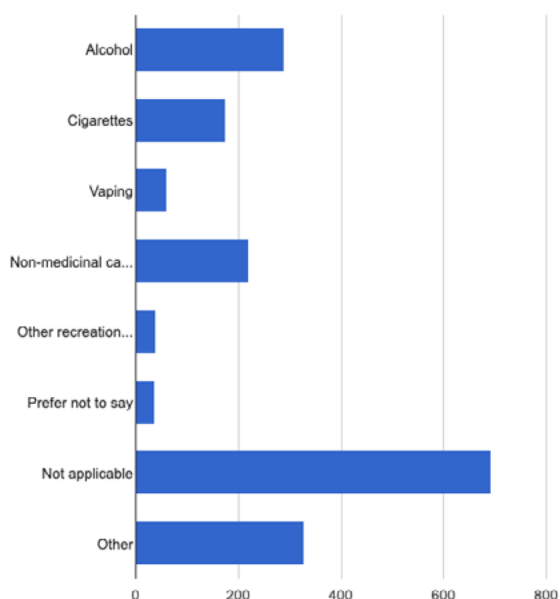


Full Survey

36. If your GP has substituted your opioids with other medications, which medications have you been given? Please select ALL that apply.



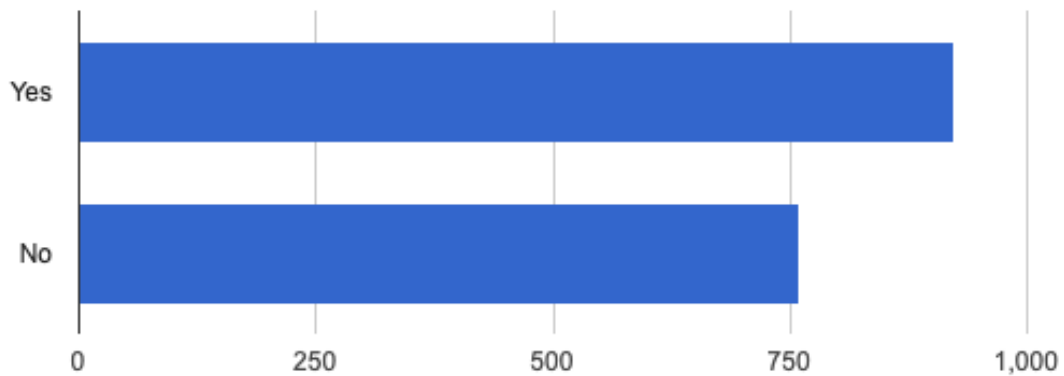
37. Do you use any other ways to manage your chronic pain? Please select ALL those that apply. Your answers will remain confidential.



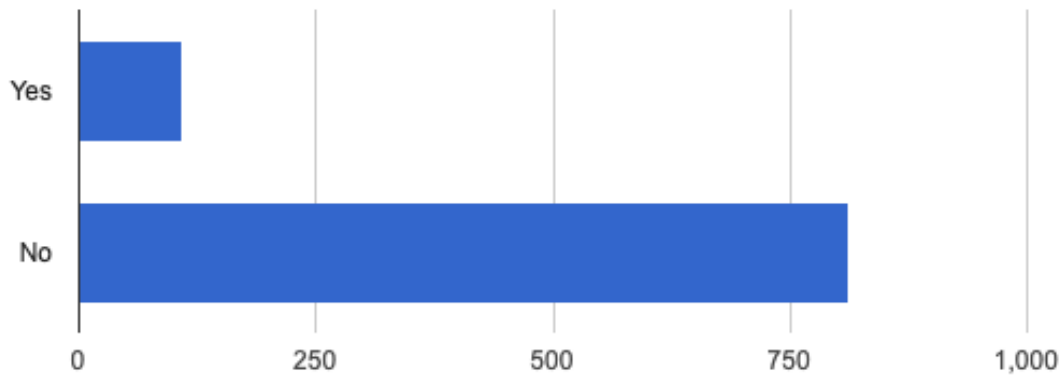


Section 6 - COVID

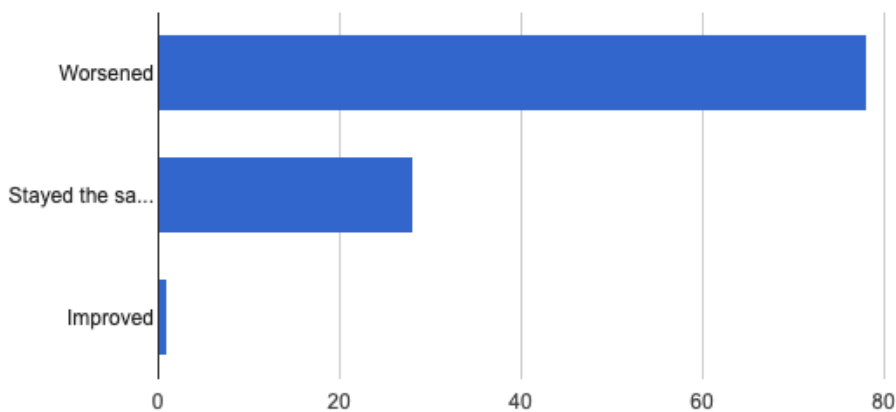
38. Have you had COVID?



39. Have you been diagnosed with long-COVID?



40. Since your diagnosis of long-COVID, has your pain

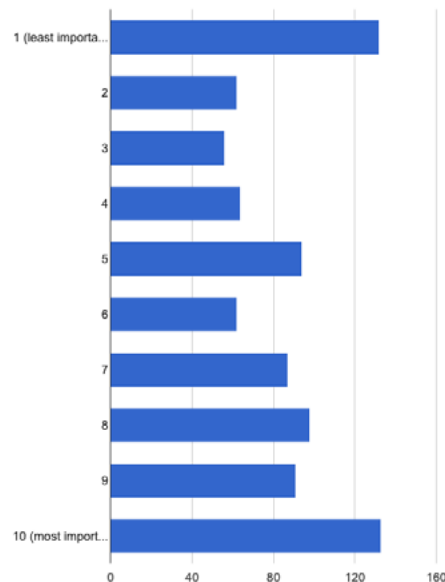




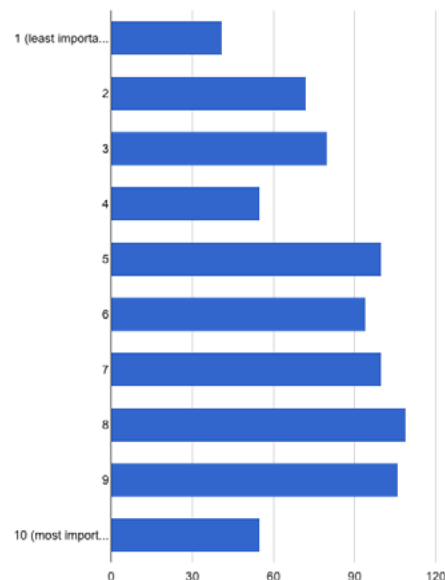
Section 7 - Final Questions

41. In the 2022 National Pain Survey, the following topics were identified as important topics that researchers should focus on. Please rank how important these topics are for you.

41. a. A better understanding of how and why our bodies experience pain (e.g. understand the mechanisms contributing to pain)



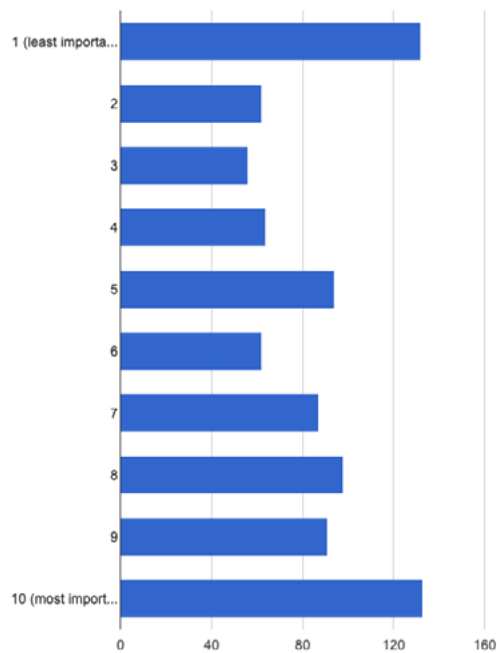
41. b. Improved engagement and communication with health professionals.



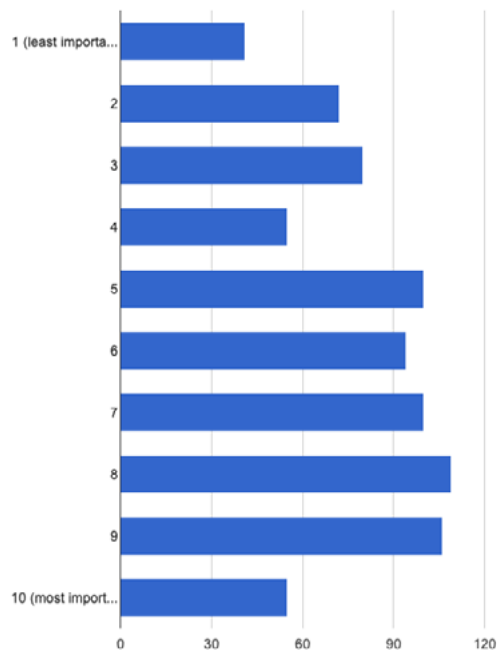


Full Survey

41. c. Improved engagement and communication with pain education.



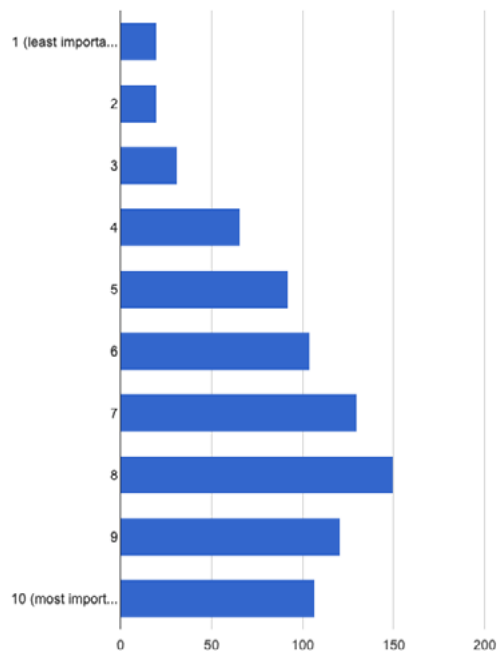
41. d. New medications to treat chronic pain



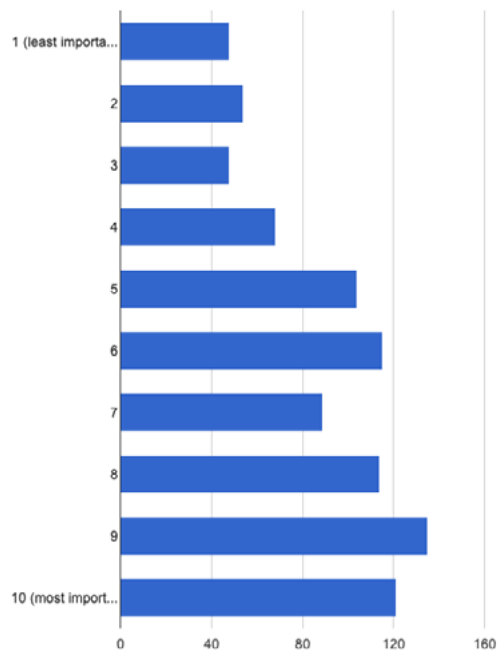


Full Survey

41. e. Better access to chronic pain services



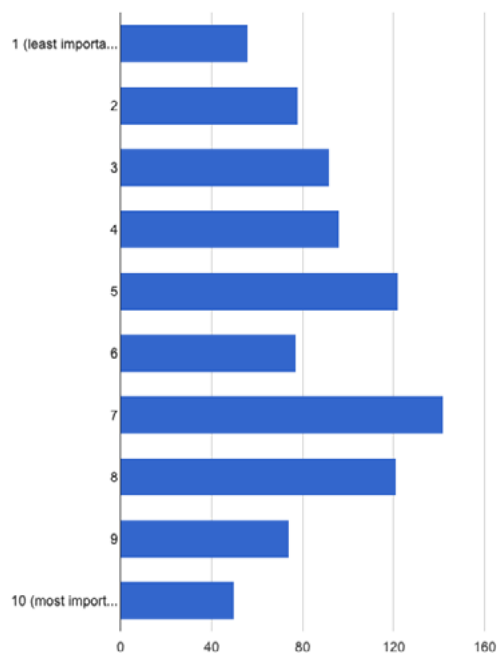
41. f. Better access to medications for chronic pain



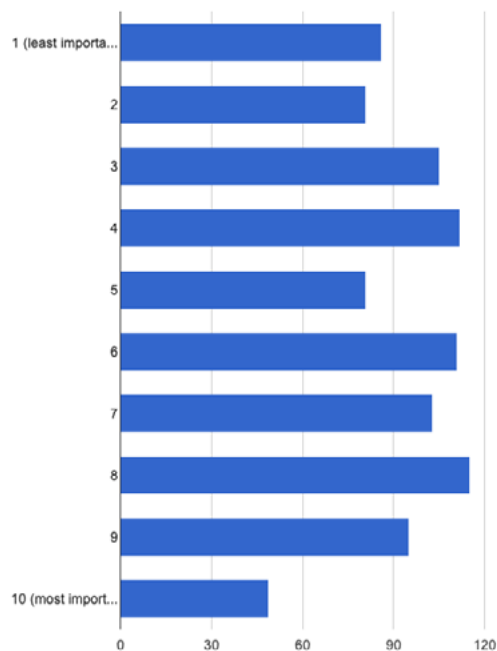


Full Survey

41. g. New non-medication treatment options for chronic pain



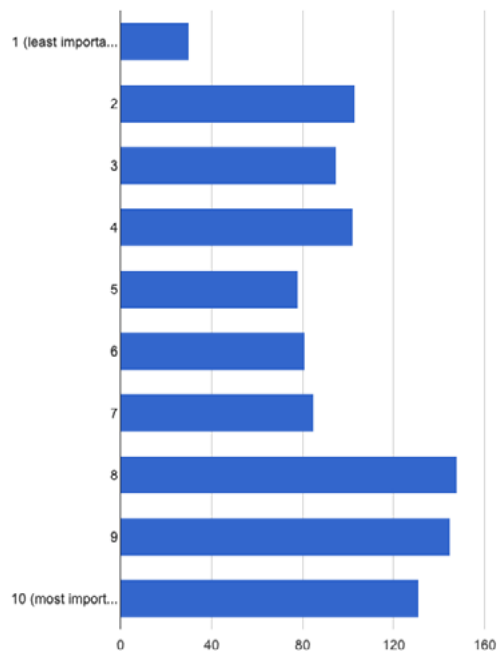
41. h. A better diagnosis or measurement of pain (e.g. objective measurement)



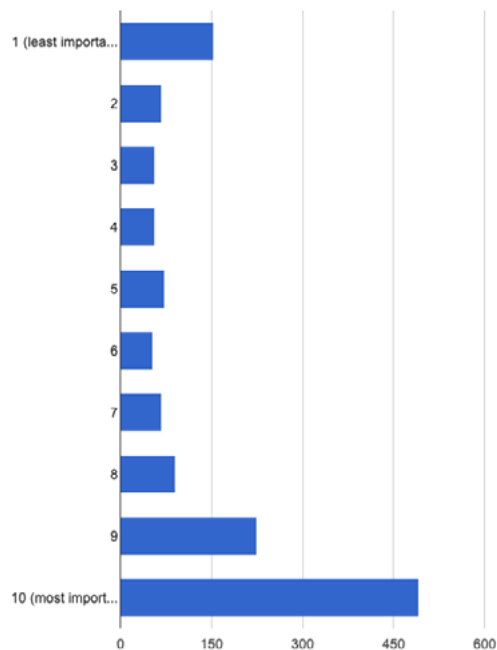


Full Survey

41. i. Individualised treatment options



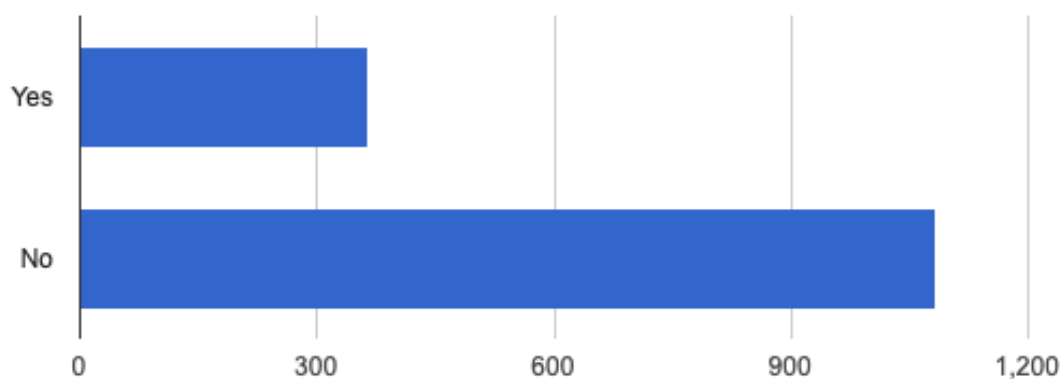
41. j. Finding a cure for chronic pain.measurement)





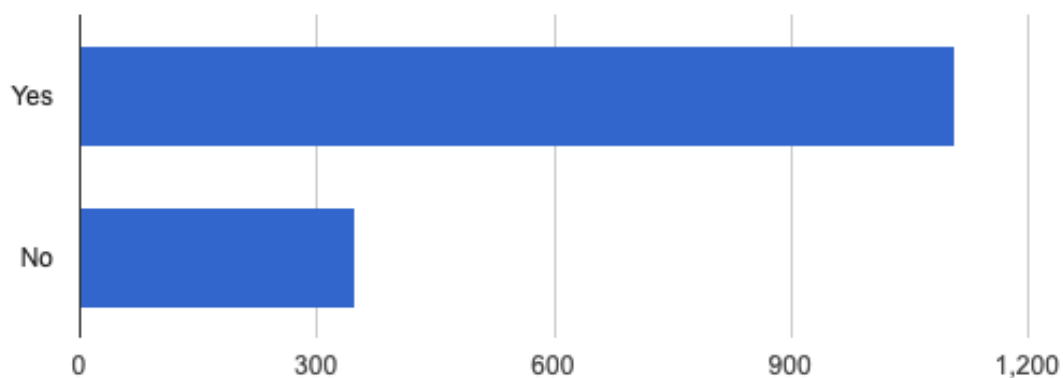
Full Survey

42. Are there other topics you would like researchers to focus on that are not included in the previous question?



43. In the 2022 National Pain Survey, the following emotions were related to chronic pain research. Do you relate to any of these emotions when it comes to chronic pain research? If yes, please explain why.

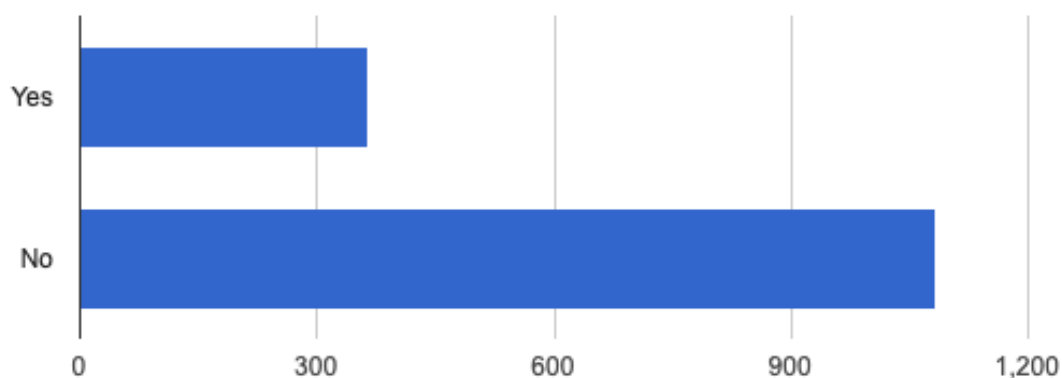
43. a. Sadness



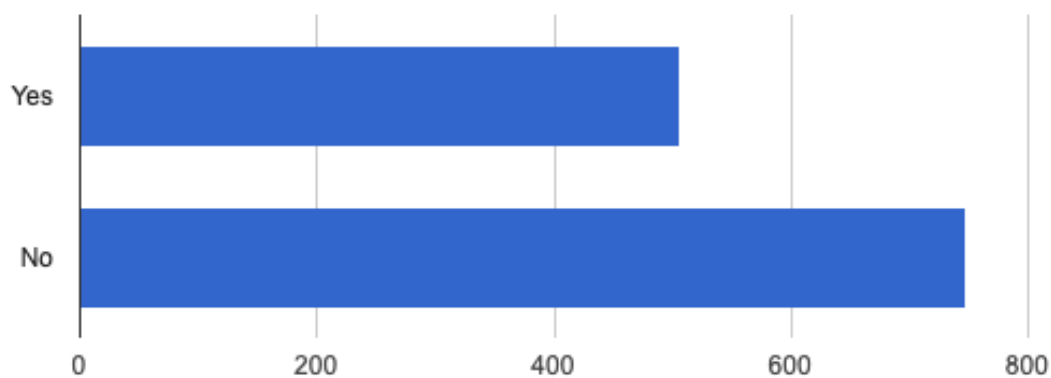


Full Survey

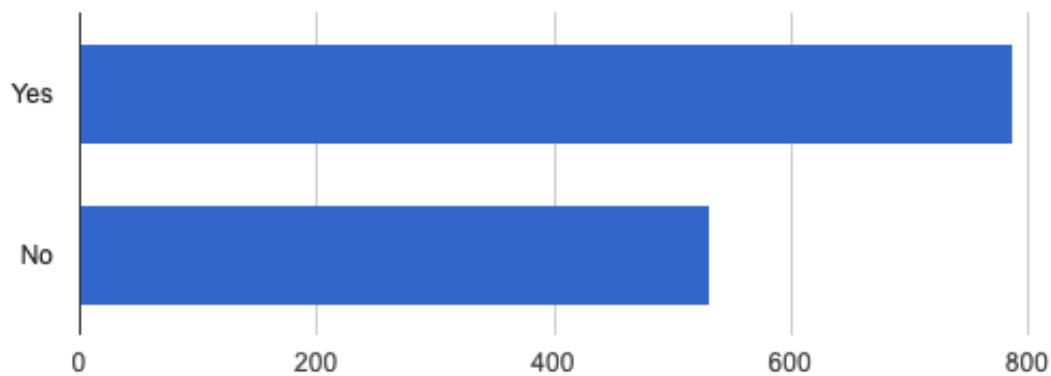
43. b. Fear



43. c. Trust



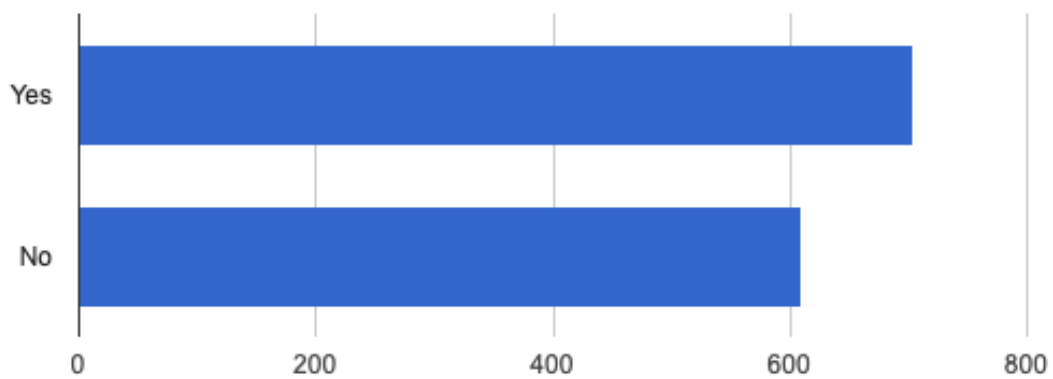
43. d. Mistrust



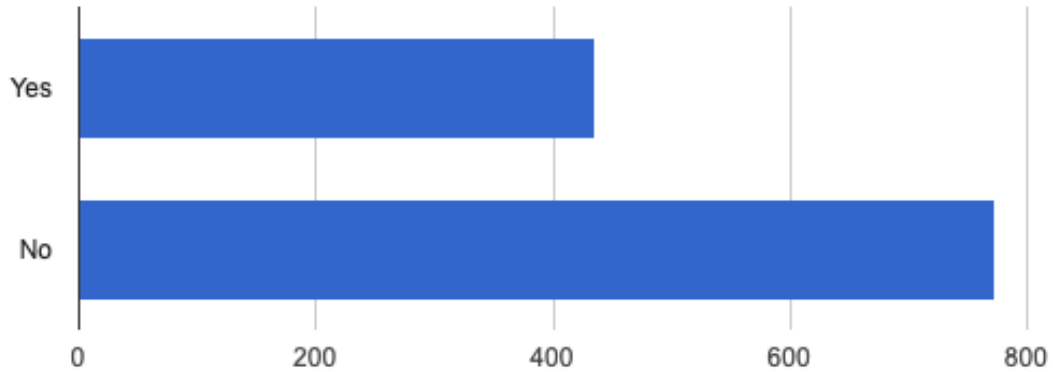


Full Survey

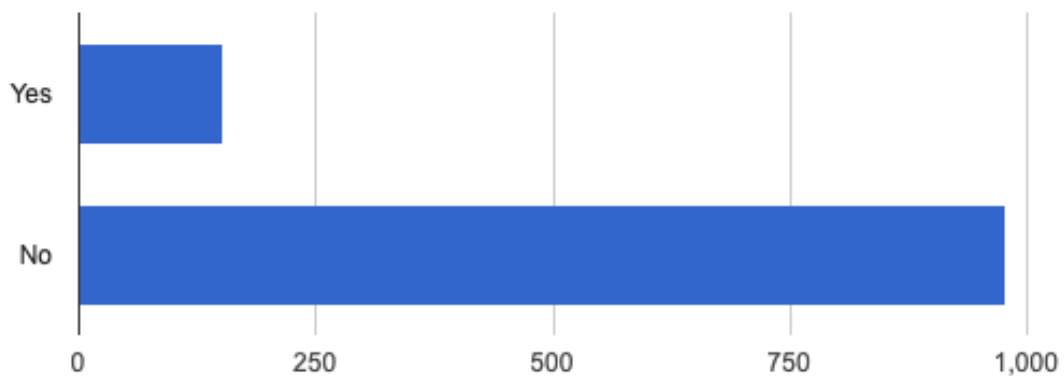
43. e. Anticipation



43. f. Disgust



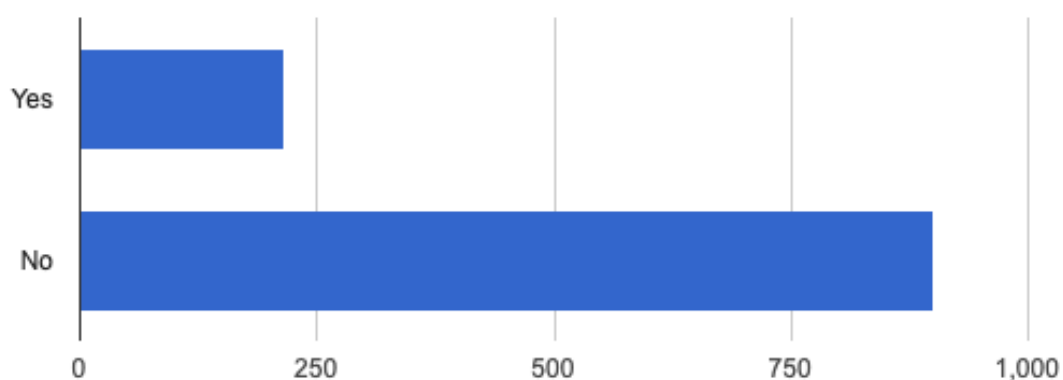
43. g. Joy





Full Survey

43. h. Surprise





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