

Kutschar P., Weichbold M. & Osterbrink J. Effect of Age and Cognitive Impairment on Data Quality of Standardized Surveys in Nursing Home Populations: English Version of the applied Questionnaire

Question text (Translated from German)	Answer Categories / Scale
1 In which situations do you experience pain?	Lying or sitting / Getting up / Walking / Bandage change / Urinating / Bowel movement / Washing or personal hygiene / Eating or swallowing / Others   <i>I don't have pain / don't know / cannot be answered</i>
1a For how long have you been experiencing pain?	Less than or equal to three months / More than three months / More than six months / More than a year   <i>don't know / cannot be answered</i>
1b In what areas do you feel pain? Please indicate the area that hurts the most.	Body scheme format (pain drawing)   <i>don't know / cannot be answered</i>
2 Please rate the intensity of your pain while you are resting.	I don't have pain / mild pain / moderate pain / severe pain / unbearable pain   <i>don't know / cannot be answered</i>
3 Please rate the intensity of your pain while you are under stress (e.g. moving, coughing).	I don't have pain / mild pain / moderate pain / severe pain / unbearable pain   <i>don't know / cannot be answered</i>
4 During the last three days, were you asked if you were experiencing pain?	Yes / No   <i>don't know / cannot be answered</i>
5 Do you report to the nursing staff when in pain?	Yes, every time / Sometimes / no   <i>don't know / cannot be answered</i>
5a Did you receive any treatment for your pain, if you did report to the nursing staff?	Yes, every time / Sometimes / no   <i>don't know / cannot be answered</i>
6 Have you received any pain medication in the last three days?	Yes / No   <i>don't know / cannot be answered</i>
6a How did the pain medication help with your pain?	Very well / Fair / Very poor   <i>don't know / cannot be answered</i>
7 Did you sleep well in the last three nights?	Very well / Fair / Very poor   <i>don't know / cannot be answered</i>
7a If you did not sleep well, was it due to your pain?	Yes / Some part / No   <i>don't know / cannot be answered</i>
8a Have you experienced nausea in the last three days?	Yes / No   <i>don't know / cannot be answered</i>
8b Have you experienced the urge to vomit in the last three days?	Yes / No   <i>don't know / cannot be answered</i>
8c Have you experienced dizziness in the last three days?	Yes / No   <i>don't know / cannot be answered</i>
8d Have you experienced breathing difficulties in the last three days?	Yes / No   <i>don't know / cannot be answered</i>
8e Have you experienced constipation in the last three days?	Yes / No   <i>don't know / cannot be answered</i>
9 Have you received any pain treatment besides pain medication?	Yes / No   <i>don't know / cannot be answered</i>
9a If yes, did the nursing staff apply cold packs?	Yes / No   <i>don't know / cannot be answered</i>
9b If yes, did the nursing staff apply heat packs?	Yes / No   <i>don't know / cannot be answered</i>
9c If yes, did you have a focused conversation about your pain with the nursing staff?	Yes / No   <i>don't know / cannot be answered</i>
9d If yes, did the nursing staff help you get into a pain relieving position?	Yes / No   <i>don't know / cannot be answered</i>
9e If yes, did the nursing staff show you pain reducing movements?	Yes / No   <i>don't know / cannot be answered</i>
10 How satisfied are you with the treatment of your pain?	I don't have pain / very satisfied / satisfied / dissatisfied / very dissatisfied   <i>don't know / cannot be answered</i>
10a Please elaborate.	Open answer format   <i>don't know / cannot be answered</i>
11a-e EQ-5D-3L Descriptive system (mobility, self-care, usual activities, pain discomfort, anxiety/depression)	The EuroQol Group (1990). EuroQol-a new facility for the measurement of health-related quality of life. Health Policy 16(3):199-208
12 EQ Visual analogue scale (self-rated health state)	Web page: <a href="https://euroqol.org/eq-5d-instruments/eq-5d-3l-about/">https://euroqol.org/eq-5d-instruments/eq-5d-3l-about/</a>
13 Compared to my overall health in the last 12 months, my health in the last three days was...	Better / Same / Worse   <i>don't know / cannot be answered</i>