

Appendix 1:

(Please tick the appropriate option)

1) How often do you treat pain in your clinical practice?

[very often] [often] [seldom]

2) How often do you use TENS to treat these patients who have pain?

[very often] [often] [occasionally] [seldom] [not at all]

3) For which types of pain do you use TENS?

a. Acute: [very often] [often] [occasionally] [seldom] [not at all]

Sub-acute: [very often] [often] [occasionally] [seldom] [not at all]

Chronic: [very often] [often] [occasionally] [seldom] [not at all]

b. Mild: [very often] [often] [occasionally] [seldom] [not at all]

Mild to Moderate: [very often] [often] [occasionally] [seldom] [not at all]

Moderate: [very often] [often] [occasionally] [seldom] [not at all]

Moderate to Severe: [very often] [often] [occasionally] [seldom] [not at all]

Severe: [very often] [often] [occasionally] [seldom] [not at all]

4) For which conditions do you commonly use TENS?

Musculoskeletal/

Orthopaedics: [very often] [often] [occasionally] [seldom] [not at all]

Neuropathies/

Neuralgias: [very often] [often] [occasionally] [seldom] [not at all]

Post surgical: [very often] [often] [occasionally] [seldom] [not at all]

Cancer Pain: [very often] [often] [occasionally] [seldom] [not at all]

Others [very often] [often] [occasionally] [seldom] [not at all]

(Please name below):

eg. dysmenorrhoea

5) In general, do your patients benefit from TENS during or after TENS treatment (eg. VAS scores)?

[yes, considerably] [yes, a little bit] [no improvement noticed]

6) Do you recommend/prescribe TENS to patients in pain at home (eg. chronic pain)?

[yes] [no] [occasionally]

7) Does your referring physician (eg orthopaedician) advise you to use TENS for pain relief?

[yes, quite often] [yes, but not very often] [never]

8) Have any of your patients ever requested TENS treatment from you?

[yes] [never]

9) Have any of your patients said that they used TENS before they came to receive pain treatment from you?

[yes] [no]

10) Do you think TENS treatment is cost effective compared with other treatments (eg physical medicine, drug therapy)?

[yes] [no] [do not know]

11) Do you offer any other types of TENS-like devices such as interferential therapy to treat pain for your patients?

[yes] [occasionally] [no]

12) Are you registered with any state council?

[yes] [no] [pending/renewal]

Name:

Hospital / Clinic (with address):

Contact Number:

Email:

Signature: