Nurses' Knowledge and Behavior Survey Regarding Pain

You are encouraged to complete the following questionnaires, taking into account your own practice and procedures in caring for patients with pain. We thank you in advance for your honest and sincere responses.

	Agree		Disagree	
	n	%	n	%
1. Changes in vital signs are an important indicator in diagnosing severe pain in a patient.(T)	70	97,2	2	2,8
2. The severity of pain should be evaluated by the health personnel, not the patient.(F)	38	52,8	34	47,2
3.Patients can sleep even if their pain is moderate or severe. (F)	38	52,8	34	47,2
4. If the patient's attention can be drawn to another direction, this means that the severity of pain in the patient is not high. (F)	47	65,3	25	34,7
5. If a patient with pain is relieved with a placebo, the pain is not real. (F)	58	80,6	14	19,4
6. Non-Steroidal Anti-Inflammatory agents (such as aspirin) are not effective as analgesics in chronic pain caused by metastases. (F)	54	75,0	18	25,0
7. Respiratory depression rarely occurs in patients who have been using opioids for months. (T)	54	75,0	18	25,0
8. In patients with pain, a single analgesic agent should be used rather than combined drug groups. (T)	42	58,3	30	41,7
9. Patients with a history of substance abuse should not be given opioids to reduce pain because these patients have a high risk of recurrent addiction. (F)	61	84,7	11	15,3
10. It is necessary to apply hot and cold application only to the painful area in order to be effective. (F)	59	81,9	13	18,1
11. Pain should be evaluated accurately in elderly individuals and should be brought under control with a multidisciplinary approach and appropriate interventions. (T)	70	97,2	2	2,8
12.Pain in elderly patients; Physiopathologically, it is classified as nociceptive, neuropathic, complex, unidentified and rare pain. (T)	70	97,2	2	2,8