

# Do you suffer from **Long-Term** (Chronic) Pain?

The Patient and Client Council would like to hear about **your** experience of the treatment and care **you** have received.



If you would like to share your views, please complete our questionnaire and return it in the envelope provided.

If you have any questions about filling in the questionnaire or need help to complete it please contact Sorcha Forbes or Avril Craig at the Patient and Client Council on:

**0800 917 0222 or 028 90 321230.**



***Your views are important as they will inform and help develop future services***

**Patient and Client Council**  
**Your voice** in health and social care