



**In confidence**

Potential participant study ID number

## **Back Skills Training (BeST) Trial**

### **Participant initial approach questionnaire**

#### ***Back Skills Training (BeST) Trial***

The University of Warwick  
Centre for Primary Health Care

THE UNIVERSITY OF  
**WARWICK**



MRC General Practice Research  
Framework

*A randomised study of treatments for back pain in primary care, funded by the NHS R&D HTA programme (ISRCTN54717854)*

## Back Skills Training (BeST) Trial

Please complete the following information. It will tell us whether you may be able to take part in this study of treatments for back pain.

1. On what date are you completing this questionnaire?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day		month		year	

2. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day		month		year	

3. What is your sex?

- Male  1  
Female  2

4. Have you had any low back pain or symptoms in the past 6 weeks?

- Yes  2 *(Please tick one)*  
No  1 *If No, please go to question 10*

5. How often have you had back problems during the past 6 weeks?

- Everyday  1 *(Please tick one)*  
Between everyday and three quarters of the days  2  
Between three quarters of the days and half of the days  3  
Between half of the days and a quarter of the days  4  
Rarely  5

6. How troublesome has your back been during the past 6 weeks?

- Not at all troublesome  1 *(Please tick one)*  
Slightly troublesome  2  
Moderately troublesome  3  
Very troublesome  4  
Extremely troublesome  5

7. Are you currently being treated for back pain at a hospital or elsewhere by a consultant, physiotherapist, chiropractor or osteopath?

- Yes  2 *(Please tick one)*  
No  1

8. Women only: Are you pregnant?

Yes  2

No  1

The following questions are so that we can ensure we have asked a broad range of people to participate. They do not determine whether you will be eligible to participate.

9. What is your ethnic origin? *(Please tick one)*

White

01  British

02  Irish

03  Any other White background, please

specify.....

Mixed

04  White and Black Caribbean

05  White and Black African

06  White and Asian

07  Any other Mixed background, please

specify.....

Asian or Asian British

08  Indian

09  Pakistani

10  Bangladeshi

11  Any other Asian background, please

specify.....

Black or Black British

12  Caribbean

13  African

14  Any other Black background, please

specify.....

Chinese or other ethnic group

15  Chinese

16  Any other background, please

specify.....

Please turn to page 4

10. How old were you when you left full-time education (e.g. school, college or university)?

Age 16 or less  1 (Please tick one)

Age 17–19  2

Age 20 or over  3

I am still in full-time education  4

11. Are you currently working (either self-employed or in paid employment)?

Yes  2 (Please tick one)

No  1

12. Are you interested in taking part in this study of back pain?

Yes  2 (Please tick one)

No  1

13. If you do **NOT** want to take part in this study, please can you tell us why?

(Please tick as many boxes as apply)

I do not want to get just ordinary treatment from my GP  1

I do not want to attend the back skills course  2

Going for treatment will take up too much of my time  3

I do not want to fill in questionnaires  4

I do not want my treatment to be chosen at random  5

I do not want to participate in a group treatment  6

My back pain is not very bad at the moment  7

My back pain is too bad at the moment  8

Other (please specify).....  9

14. If you do NOT want us to contact you again about this study, please tick this box.  1

15. We would like to look at the records held at the surgery for some patients with back pain. This is so we can be sure that the people with back pain who take part in the study are similar to those who do not take part. If you are prepared to let us to examine your records, please tick this box

.....  1

16. If you are interested in taking part in the study, please give your telephone number/s, including the area code and the research nurse will contact you shortly.

Home:.(.....).....

Work: .(.....).....

Mobile: .....

E-mail: .....

*Thank you for filling in the questionnaire. Please return it to the surgery in the envelope provided.*