



In confidence

Potential participant study ID number

Back Skills Training (BeST) Trial

First nurse assessment form

Back Skills Training (BeST) Trial

The University of Warwick
Centre for Primary Health Care

THE UNIVERSITY OF
WARWICK



MRC General Practice Research
Framework

First, please check that the participant study number is correct.

Then ask the potential participant the following questions:

1. On what date are you completing this questionnaire?	<table border="1"> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td colspan="3">day</td> <td colspan="3">month</td> <td colspan="3">year</td> </tr> </table>										day			month			year		
day			month			year													
2. What is your date of birth?	<table border="1"> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td colspan="3">day</td> <td colspan="3">month</td> <td colspan="3">year</td> </tr> </table>										day			month			year		
day			month			year													
To enter the trial potential participants must be 18 years or older when they attend the randomisation assessment.																			
<p>First I would like to ask you some questions about your back pain and symptoms.</p> <p>By back pain we mean pain in the back anywhere between the bottom of the chest and the top of the legs. This area includes the lower back and buttocks. (<i>Show patient laminated card</i>) This is the area marked on this card.</p> <p>An attack of back pain can last for just a few hours, or may be for much longer. Some people may also experience stiffness, discomfort, anxiety, fatigue, moodiness, numbness or tingling due to the back pain.</p>																			
	Yes	No																	
3. Are you still being troubled by your back pain?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁																	
<p>4. How often have you had back pain or symptoms in the past six weeks?</p> <p style="text-align: right;">Everyday <input type="checkbox"/>₁</p> <p style="text-align: right;">Between everyday and three quarters of the days <input type="checkbox"/>₂</p> <p style="text-align: right;">Between three quarters of the days and half of the days <input type="checkbox"/>₃</p> <p style="text-align: right;">Between half of the days and a quarter of the days <input type="checkbox"/>₄</p> <p style="text-align: right;">Rarely <input type="checkbox"/>₅</p>																			
<p>5. How troublesome has your back pain or symptoms been during the past six weeks?</p> <p style="text-align: right;">Not at all troublesome <input type="checkbox"/>₁</p> <p style="text-align: right;">Slightly troublesome <input type="checkbox"/>₂</p> <p style="text-align: right;">Moderately troublesome <input type="checkbox"/>₃</p> <p style="text-align: right;">Very troublesome <input type="checkbox"/>₄</p> <p style="text-align: right;">Extremely troublesome <input type="checkbox"/>₅</p>																			

<p>6. What back symptoms have you experienced over the past six weeks? [Tick all that apply]</p> <p style="text-align: right;">Pain in back or buttock <input type="checkbox"/> ₁</p> <p style="text-align: right;">Pain down the leg <input type="checkbox"/> ₂</p> <p style="text-align: right;">Stiffness or restricted motion <input type="checkbox"/> ₃</p> <p style="text-align: right;">Anxiety or mood changes due to the back problems <input type="checkbox"/> ₄</p> <p style="text-align: right;">Fatigue due to the back problems <input type="checkbox"/> ₅</p> <p style="text-align: right;">Numbness or tingling <input type="checkbox"/> ₆</p> <p>Other, please specify</p>		
	Yes	No
<p>7. Have you lost weight significantly over the last 6 months? By how much was this? <input style="width: 80px; height: 25px;" type="text"/> Kg or St&lbs (please circle)</p> <p>Were you trying to lose weight?</p>	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
<p>8. Are you having any problems passing water or moving your bowels? <i>By this we mean symptoms related to their back pain, not long standing problems such as constipation or stress incontinence.</i></p> <p><i>If NO, please go to question 9.</i></p> <p><i>If YES, has the GP given consent to join the study?</i></p> <p><i>If GP is satisfied that there is not a serious cause for these symptoms, they can still join the study.</i></p>	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
If answered 'yes' to questions 7 and lost more than 10kg/1.7 stone or 'yes' to question 8, refer the patient to their GP for further screening.		
<p>9. Are you currently being treated for back pain at a hospital or elsewhere by a hospital consultant, physiotherapist, chiropractor or osteopath or are you about to start treatment for your back pain?</p>	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
<p>10. If you joined this study and were allocated to the Back Skills Training would you be willing and able to attend for the training? <i>You will need to explain the likely times, place and frequencies of the training. They need to be able and willing to attend to be eligible for the trial.</i></p>	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
<p>11. In the past have you ever attended a pain clinic or a pain management programme for your back pain or have you ever received prolonged psychological treatment for your back pain? <i>By pain clinic we do not mean an ordinary orthopaedic/neurosurgery/ rheumatology clinic but a clinic providing a multi-disciplinary approach to the management of back pain.</i></p>	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁

	Yes	No
12. Do you understand the trial?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
13. Are you interested in taking part in this study of back pain treatments?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁
<p>If YES to Q13 and there are no responses in a shaded box: Ask the potential participant to book another appointment to see you at least a week later for a randomisation assessment. Explain that to enter the study when they see you next they must have had back pain or symptoms in the few days before they see you. If they do not think they will be eligible then they should cancel their appointment. They may book a fresh appointment if their pain becomes more persistent and they want to enter the study. (tell them when the study is due to end)</p>		
<p>If NO to Q13: Explain that this will not affect their care from the practice in any way. However, the researchers would like to know the reasons why they do not want to take part in the study.</p>		
14. Please can you tell why you do not want to take part in the study? [Tick all that apply]		
I do not want to get just treatment from my GP	<input type="checkbox"/> ₁	
I do not want to attend the Back Skills Training course	<input type="checkbox"/> ₂	
Going for treatment will take up too much of my time	<input type="checkbox"/> ₃	
I do not want to fill in questionnaires	<input type="checkbox"/> ₄	
I do not want my treatment to be chosen at random	<input type="checkbox"/> ₅	
I do not want to participate in a group treatment	<input type="checkbox"/> ₆	
My back pain is not very bad at the moment	<input type="checkbox"/> ₇	
My back pain is too bad at the moment	<input type="checkbox"/> ₈	
Other, please specify	<input type="checkbox"/> ₉	

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If the patient appears eligible ensure that the doctors' consent form is completed before their next appointment.

The randomisation assessment should be booked at least one week later, but no longer than four weeks from when the doctor signed the form.

If the only responses in shaded boxes are:

- *That their pain is present on less than half of the days (question 4)*
- *That their pain is not troublesome enough (question 5)*
- *That they are currently receiving treatment for their back pain or about to start treatment (question 9)*

they are not, at present, eligible for the trial. However, if their pain continues and/or they have finished the treatment they can contact you to book a randomisation appointment. Give them a temporary exclusion letter.

Comments