

BEST/043



In confidence

Potential participant study ID number

Back Skills Training (BeST) Trial

Baseline 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)

Section 1

This section is to determine the level of back pain and employment status.

Please answer the following questions.

Firstly, please enter the date you are completing this questionnaire: |_|_| |_|_| |_|_|
day month year

1. How long have you been troubled by back pain? This means when your back pain first ever started.
_____ weeks _____ months _____ years

2. Since your back pain first started which of the following statements describes your back pain? [Tick only one box]

- My back pain comes and goes over time 1
- My back pain is fairly constant 2
- My back pain is getting worse 3
- My back pain is getting better 4

3. Have you received any treatment for your back pain in the past 6 months?

- Yes 1
- No 2

If Yes, please specify _____

4. Are you currently receiving any benefit payments?

	Yes	No		Yes	No
Statutory Sick Pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Working Family Tax Credit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Incapacity Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Council Tax Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Disability living allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Housing Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Disabled persons tax credit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Attendance allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Invalid Care Allowance	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (includes if paid to someone who looks after you)			
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2 (please specify) _____			

5. Are you currently working? (If you are a full-time student but also work, please complete this section and also tick question 9)

Yes, full time 1

Yes, part time 2

No 3 *Please go to question 9*

6. Is this work: Paid 1

Unpaid 2

7. How many hours a week do you work?

Less than 10 1

10-25 2

25-40 3

More than 40 4

8. Which of the following categories do you think best describes your work?

Unskilled manual 1

Skilled manual 2

Unskilled non-manual 3

Skilled non-manual 4

Professional 5 Please describe: _____

Other 6 Please describe: _____

Decline to answer 7

9. If you are **not** currently working which of the following applies to you?

- Retired 1
- At home and not looking for paid work 2
(eg looking after home, family or others)
- Unable to work due to low back pain 3
- Unable to work due to other illness 4
- Unemployed and looking for work 5
- In full time education 6
- Other 7 Please describe: _____

10. What factors are important to you when receiving treatment? [Tick all that apply]

- | | Yes | No |
|--|----------------------------|----------------------------|
| Getting rid of the pain and/or moving about better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Re-assurance that there is nothing serious wrong | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Receiving trustworthy information | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Having an opportunity to talk to a Dr, Nurse or therapists | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Having an opportunity to talk to people with back pain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Someone taking an interest in me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Helping me to manage my back problem | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

Other: _____

Which is the most important? : _____

Section 2

This section is about your back pain today. When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you today.

As you read the list, think of yourself today. When you read a sentence that describes you today, place a cross in the box beside it. If the sentence does not describe you, then leave the box blank and go on to the next one. Remember, only place a cross if you are sure that it describes you today.

1. I stay at home most of the time because of my back.
2. I change positions frequently to try and get my back comfortable.
3. I walk more slowly than usual because of my back.
4. Because of my back, I am not doing any of the jobs that I usually do around the house.
5. Because of my back, I use a handrail to get upstairs.
6. Because of my back, I lie down to rest more often.
7. Because of my back, I have to hold on to something to get out of an easy chair.
8. Because of my back, I try to get other people to do things for me.
9. I get dressed more slowly than usual because of my back.
10. I only stand up for short periods of time because of my back.
11. Because of my back, I try not to bend or kneel down.
12. I find it difficult to get out of a chair because of my back.
13. My back is painful almost all the time.
14. I find it difficult to turn over in bed because of my back.
15. My appetite is not very good because of my back pain.
16. I have trouble putting on my socks (or stockings) because of the pain in my back.
17. I only walk short distances because of my back pain.
18. I sleep less well because of my back.
19. Because of my back pain, I get dressed with help from someone else.
20. I sit down for most of the day because of my back.
21. I avoid heavy jobs around the house because of my back.
22. Because of my back pain, I am more irritable and bad tempered with people than usual. ...
23. Because of my back, I go upstairs more slowly than usual.
24. I stay in bed most of the time because of my back.
25. **None of the above.**

Section 3

This section is about how much your back trouble has been interfering with your daily activities in recent weeks.

For the next six questions please circle the number which represents how your back pain has made you feel over the last 4 weeks.

1. In the **past 4 weeks**, how much has your back pain interfered with your daily activities on a scale of 0-10 where 0 is 'no interference' and 10 is 'unable to carry out any activities at all'?

0 1 2 3 4 5 6 7 8 9 10

2. In the **past 4 weeks**, how much has your back pain changed your ability to take part in recreational, social and family activities on a scale of 0-10 where 0 is 'no change' and 10 is 'extreme change'?

0 1 2 3 4 5 6 7 8 9 10

3. In the **past 4 weeks**, how much has your back pain changed your ability to work (including housework) on a scale of 0-10 where 0 is 'no change' and 10 is 'extreme change'?

0 1 2 3 4 5 6 7 8 9 10

4. In the **past 4 weeks**, how bad has your worst back pain been on a scale of 0-10 where 0 is 'no pain' and 10 is 'as bad as a pain could be'?

0 1 2 3 4 5 6 7 8 9 10

5. In the **past 4 weeks**, on average how bad has your back pain been on a scale of 0-10 where 0 is 'no pain' and 10 is 'as bad as a pain could be'?

0 1 2 3 4 5 6 7 8 9 10

6. How would you rate your back pain **today** on a scale of 0-10 where 0 is 'no pain' and 10 is 'as bad as a pain could be'.

0 1 2 3 4 5 6 7 8 9 10

Section 4

This section is to determine what you believe about back pain. Here are some of the things which other patients have told us about their pain. For each statement please circle the number from 0 to 6 to say how much physical activities such as bending lifting walking or driving affect or would affect your back pain.

Please circle one number for each line

	Completely Disagree	0	1	2	3	4	5	6	Completely Agree
1. My pain was caused by physical activity	0	1	2	3	4	5	6		
2. Physical activity makes my pain worse	0	1	2	3	4	5	6		
3. Physical activity might harm my back	0	1	2	3	4	5	6		
4. I should not do physical activities which (might) make my pain worse	0	1	2	3	4	5	6		
5. I cannot do physical activities which (might) make my pain worse	0	1	2	3	4	5	6		

Section 5

This section is to determine how much your low back pain has troubled you lately.

1. During the **past 4 weeks**, about how many days did low back pain keep you from going to work or school/college/university? _____ days
2. During the **past 4 weeks**, about how many days did you have to cut down on the things you usually do for more than half the day because of back pain? _____ days

Section 6

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please place a cross in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

 1 2 3 4 5

2. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

Yes,
limited
a lot

Yes,
limited
a little

No, not
limited
at all

a) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

 1 2 3

b) Climbing **several** flights of stairs

 1 2 3

3. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

All of
the time

Most of
the time

Some of
the time

A little of
the time

None of
the time

a) **Accomplished less** than you would like

 1 2 3 4 5

b) Were limited in the **kind** of work or other activities

 1 2 3 4 5

4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Were limited in the kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. **How much of the time during the past 4 weeks:**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) Have you felt downhearted and low?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7. During the **past 4 weeks**, how much of the time has your physical health OR emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section 7

The following questions are to ask about your general health state **at the moment**. By placing a tick (✓) in one box in each group below, please indicate which statement best describes your own health state **today**.

Do not tick more than one box per question.

1. Mobility:

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

2. Self-Care:

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

3. Usual Activities (e.g. work, study, housework, family or leisure activities):

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

4. Pain / Discomfort:

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5. Anxiety / Depression:

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

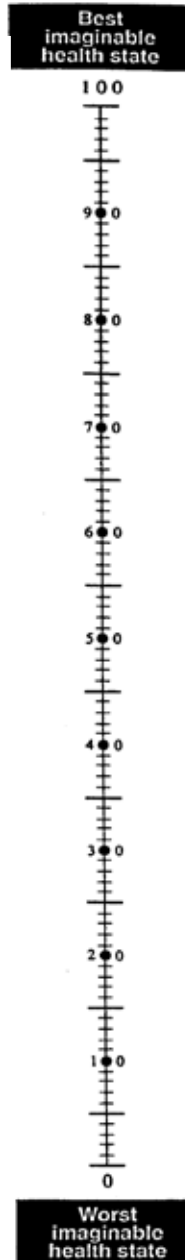
Your own health state today

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale **how good or bad is your own health today, in your opinion.**

Please do this by drawing a line from the box below, to whichever point on the scale indicates how good or bad your current health state is **today**.

Your own health state
TODAY



Section 8

This section is about how you are feeling at the moment. Please place a cross in the box that comes closest to how you have been feeling in the past week.

Do not take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or 'wound up':

- Most of the time ₃
A lot of the time ₂
From time to time, occasionally ₁
Not at all ₀

2. I still enjoy the things I used to enjoy:

- Definitely as much ₀
Not quite as much ₁
Only a little ₂
Hardly at all ₃

3. I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly ₃
Yes, but not too badly ₂
A little, but it doesn't worry me ₁
Not at all ₀

4. I can laugh and see the funny side of things:

- As much as I always could ₀
Not quite as much now ₁
Definitely not so much now ₂
Not at all ₃

5. Worrying thoughts go through my mind:

- A great deal of the time ₃
A lot of the time ₂
From time to time but not too often ₁
Only occasionally ₀

6. I feel cheerful:

- Not at all ₃
Not often ₂
Sometimes ₁
Most of the time ₀

7. I can sit at ease and feel relaxed:

- Definitely ₀
Usually ₁
Not often ₂
Not at all ₃

8. I feel as if I am slowed down:

- Nearly all the time ₃
Very often ₂
Sometimes ₁
Not at all ₀

9. I get a sort of frightened feeling like 'butterflies' In the stomach:

- Not at all 0
Occasionally 1
Quite often 2
Very often 3

10. I have lost interest in my appearance:

- Definitely 3
I don't take as much care as I should 2
I may not take quite as much care 1
I take just as much care as ever 0

11. I feel restless as if I have to be on the move:

- Very much indeed 3
Quite a lot 2
Not very much 1
Not at all 0

12. I look forward with enjoyment to things:

- As much as I ever did 0
Rather less than I used to 1
Definitely less than I used to 2
Hardly at all 3

13. I get sudden feeling of panic:

- Very often indeed 3
Quite often 2
Not very often 1
Not at all 0

14. I can enjoy a good book or radio or TV programme:

- Often 0
Sometimes 1
Not often 2
Very seldom 3

Section 9

Please rate how confident you are that you can do the following things at present, despite the pain. To answer circle one of the numbers on the scale under each item, where 0 = 'not at all confident' and 6 = 'completely confident'.

For example

0 1 2 3 4 5 6
Not at all Completely
Confident confident

Remember, this questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them at present, despite the pain.

	0	1	2	3	4	5	6
	Not at all Confident						Completely Confident
1. I can enjoy things, despite the pain	0	1	2	3	4	5	6
2. I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain	0	1	2	3	4	5	6
3. I can socialise with my friends or family members as often as I used to do, despite the pain	0	1	2	3	4	5	6
4. I can cope with my pain in most situations	0	1	2	3	4	5	6
5. I can do some form of work, despite the pain. ('work' includes housework, paid and unpaid work).	0	1	2	3	4	5	6
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain	0	1	2	3	4	5	6
7. I can cope with my pain without medication	0	1	2	3	4	5	6
8. I can still accomplish most of my goals in life, despite the pain	0	1	2	3	4	5	6
9. I can live a normal lifestyle, despite the pain	0	1	2	3	4	5	6
10. I can gradually become more active, despite the pain	0	1	2	3	4	5	6

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

If you have any general comments about your back pain, or this questionnaire, please write them overleaf.

Your comments: