

# RANDOMISATION FORM

Patient study number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

## Inclusion criteria

*Please tick:*

	Yes	No
1. Aged 18 and older?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has low back pain lasted for at least 6 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
3. Patient reports at least moderately troublesome LBP?	<input type="checkbox"/>	<input type="checkbox"/>

***If any shaded box is ticked, the patient is not eligible***

## Randomisation information

1. GP Practice or triage service: \_\_\_\_\_

2. How troublesome is your back pain been during the past week?

Moderately troublesome

Very/extremely troublesome

## Treatment allocation

The patient has been allocated to receive:

A: Active management

B: Active management + cognitive behavioural approach

Name ..... Randomisation date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

Signed:

**Please send this form via special delivery to the co-ordinating centre**