In confidence

Potential participant study ID number

Back **S**kills **T**raining **(BeST)** Trial

Trial Participant Three Month Follow Up Questionnaire

The University of Warwick
Centre for Primary Health Care

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)

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The responses you give in this questionnaire will help us find out if the advice or treatment you have had for your back as part of the study has been helpful.

Please answer all the questions. Although it may seem that questions are asked more than once, it is still important that you answer every one.

Please follow the instructions for each section carefully.

For example in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to yes.

Do you drive a car? **Yes** ☒

No ☐

If you are asked to circle a number, please use a circle rather than underlining a number.

For example, in the following question if you are asked 'how happy are you today?' Where '1' is 'very unhappy' and '5' is 'very happy'. If you feel neither happy or unhappy you may wish to answer '3'. You do this by clearly circling the number 3.

1 **2** **(3)** **4** **5**

Please use a BLACK or BLUE pen. Please do not use a pencil.

All the responses you give will be kept strictly confidential.

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

Section 1

By placing a cross ('X') in one box for each question below, please indicate which statement best describes your feelings towards the advice or treatment you have received for your lower back pain as part of the study.

1. How satisfied are you with the advice or treatment you received?

Very dissatisfied	☐ 1
Somewhat dissatisfied	☐ 2
Neither satisfied nor dissatisfied	☐ 3
Somewhat satisfied	☐ 4
Very satisfied	☐ 5

2. How much benefit have you gained from the advice or treatment you have received for your lower back pain as part of the study.

Substantial benefit	☐ 1
Moderate benefit	☐ 2
No benefit	☐ 3
Moderate harm	☐ 4
Substantial harm	☐ 5

Section 2

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. ☐

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.

For example:

0 1 2 3 4 (5) 6 7 8 9 10

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

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 Confident — **Completely 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.

	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

Section 5

These are some things people have told us about their back pain. For each statement please circle a number from 0 to 6 to say how much physical activity such as bending, lifting, or driving affects your pain.

Please circle one number for each line

	Completely Disagree			Unsure			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 6

This section is to determine how much your low back pain has changed since you started the study.

1. In what way has your back pain changed in the past three months?

(Please cross one box)

- Completely recovered ☐ 1
- Much improved ☐ 2
- Slightly improved ☐ 3
- No change ☐ 4
- Slightly worsened ☐ 5
- Much worsened ☐ 6
- Vastly worsened ☐ 7

Section 7

This section 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Were limited in the **kind** of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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
☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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
☐ 1	☐ 2	☐ **3**	☐ 4	☐ **5**

Section 8

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

Do not cross 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 ☐

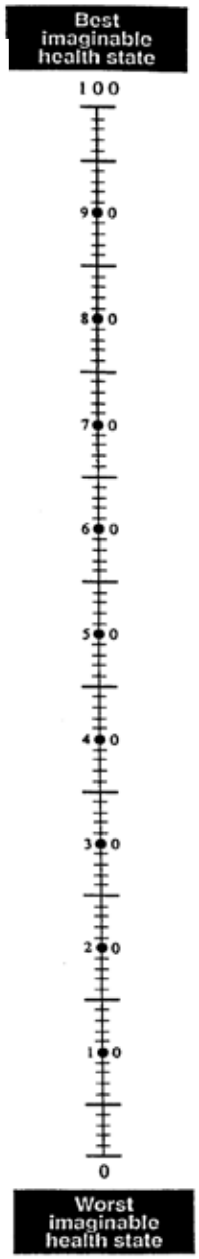
Your own health state today

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 9

This section is about health care you have received for your back pain. There are separate parts for NHS treatment, private treatment, products/equipment, normal activities and any benefits/entitlements. Please read each question carefully. For each question, if you have had no treatments or visits, please enter '0'.

NHS Treatment

1. In the **last 3 months**, how often have you attended the following **NHS services** for lower back pain? *(Please do not include any sessions or treatments that you attended as part of the study).*

	Number of times	
Your GP or another GP	☐☐	*if none enter '0'*
Practice nurse	☐☐	*if none enter '0'*
Physiotherapist	☐☐	*if none enter '0'*
Doctor/nurse in an accident and emergency department (Casualty)	☐☐	*if none enter '0'*
Hospital specialist (consultant or one of his/her team)	☐☐	*if none enter '0'*
Psychologist/Counsellor	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

2. In the **last 3 months** have you been admitted to an **NHS hospital** because of back pain?

Yes ☐ 1
No ☐ 2

If Yes, in total, how many days were you in hospital? ☐☐

3. In the **last 3 months** have you had any of the following tests in a **NHS hospital** in relation to lower back pain?

	Number of times	
X-ray	☐☐	*if none enter '0'*
CT Scan	☐☐	*if none enter '0'*
MRI Scan	☐☐	*if none enter '0'*
Blood tests (count all blood tests done on one day, as one test)	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

4. In the **last 3 months** has your **doctor** prescribed any of the following medications for your back?

Pain killers	☐☐	*if none enter '0'*
Anti-inflammatory drugs (for example ibuprofen, naproxen)	☐☐	*if none enter '0'*
Gels/Creams (for example ibuleve or movelat)	☐☐	*if none enter '0'*
Sleeping pills	☐☐	*if none enter '0'*
Anti-depressants	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

5. Do you qualify for free prescriptions?

Yes ☐ 1
No ☐ 2

Private Treatment

6. For the **last 3 months** please detail total treatment costs **you paid for yourself**; **or paid for by private insurance**; please do not include any treatments paid for by the NHS. Please round the amounts to the nearest pound. *If none enter '0'*

	Number Of times	Medical Insurance Contribution	Personal Contribution
Physiotherapist		£	£
Hospital specialist (consultant)		£	£
Osteopath		£	£
Chiropractor		£	£
Psychologist		£	£
Counsellor		£	£
Massage therapist		£	£
Aromatherapist		£	£
Acupuncturist		£	£
Other (please specify) _____		£	£
Other (please specify) _____		£	£

7. In the **last 3 months**, have you been admitted to a **private hospital** because of lower back pain?

Yes ☐ 1
No ☐ 2

If **Yes**, in total, **how many days were you in hospital?**

If **Yes**, what were the **total costs paid by your medical insurance?** **£**
Please give the total costs to the nearest pound.*

If **Yes**, what were the **total costs paid by you?** **£**
Please give the total costs to the nearest pound.*

*If you do not know the actual cost please give us your best estimate of the costs.

8. In the **last 3 months,** have you had any of the following tests in a **private hospital** in relation to lower back pain?

	Number of times	
X-ray	☐☐	*if none enter '0'*
CT Scan	☐☐	*if none enter '0'*
MRI Scan	☐☐	*if none enter '0'*
Blood tests (please count all tests done on one day, as one test)	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

9. In the **last 3 months have you bought (other than by a prescription)** any of the following treatments for your back pain? Please estimate the total cost to the nearest pound.

	Number of times	Total cost to you
Pain killers (for example paracetamol/anadin)	☐☐	£☐☐☐
Anti-inflammatory drugs (for example ibuprofen/neurofen)	☐☐	£☐☐☐
Gels/Creams (for example ibuleve or movelat)	☐☐	£☐☐☐
Other (please specify) _____	☐☐	£☐☐☐
Other (please specify) _____	☐☐	£☐☐☐

Products / equipment.

10. In the **last three months**, have you bought items such as braces or aids, a new bed or mattress, a chair, a massage machine, or any other products or equipment **because of your back pain**? (please list the item below and estimate the cost to the nearest pound)

Item bought

1. _____. **£** | | | | |
2. _____. **£** | | | | |
3. _____. **£** | | | | |
4. _____. **£** | | | | |
5. _____. **£** | | | | |

Normal activities.

11. Over the **last 3 months** has your back pain stopped you doing your **normal activities**?

Please cross any that apply and enter the total number of days your back pain stopped you getting on with your normal activities.

		Number of days
☐	Employment			*If none enter '0'*
☐	Education (i.e. College or University)			*If none enter '0'*
☐	Housework			*If none enter '0'*
☐	Childcare or care of a relative			*If none enter '0'*

Changes in work status in the last three months

12. Have you had to take any days off sick from work in the last three months due to your low back pain?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** how many days? ☐☐

13. Have your hours of employment altered in the last three months because of changes in your back pain?

No, stayed the same ☐ 1

Yes, increased ☐ 2

Yes, decreased ☐ 3

Not applicable ☐ 4

If **Yes,** by how many hours per week has your employment changed? _____

When did this change occur? |__|__| |__|__| |__|__|

14. If you were off work when you joined the study, have you returned to work?

☐ 1 I am still off work

☐ 2 I returned to work on |__|__| |__|__| |__|__|

Benefits and entitlement to free prescriptions

15. Has your benefit status changed in the last three months?

Yes	☐ 1
No	☐ 2

If **yes**, please cross all benefits that you are currently receiving.

Statutory Sick Pay	☐ 1	Income support	☐ 8
Incapacity Benefit	☐ 2	Working tax credit	☐ 9
Disability living allowance	☐ 3	Child tax credit	☐ 10
Severe disablement allowance	☐ 4	Council tax benefit	☐ 11
Disabled persons tax credit	☐ 5	Housing benefit	☐ 12
Carers allowance	☐ 6	Attendance allowance	☐ 13
Job seekers allowance	☐ 7	Pension credit	☐ 14
		Other (please specify)	☐ 15

_____

_____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

If you have any comments, please write them overleaf.

Your comments:

In confidence

Potential participant study ID number

Back **S**kills **T**raining **(BeST)** Trial

Trial Participant Six Month Follow Up Questionnaire

The University of Warwick
Centre for Primary Health Care

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)

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Thank you for agreeing to take part in this study. The responses you give in this questionnaire will help us find out if the treatment you have had for your back since you joined the study has been helpful.

Please answer all the questions. Although it may seem that questions are asked more than once, it is still important that you answer every one.

Please follow the instructions for each section carefully.

For each section, if you are asked to put a cross in the box, please use a cross rather than a tick.

For example, in the following question if your answer to the question is yes, you should place a cross firmly in the box next to yes.

Do you drive a car? **Yes** ☒

No ☐

If you are asked to circle a number, please use a circle rather than underlining a number.

For example, in the following question if you are asked 'how happy are you today?', where '1' is 'very unhappy' and '5' is 'very happy'. If you feel neither happy nor unhappy you may wish to answer '3'. You do this by clearly circling the number 3.

1 **2** **(3)** **4** **5**

Please use a BLACK or BLUE pen. Please do not use a pencil.

All the responses you give will be kept strictly confidential.

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

Section 1

By placing a cross in one box for each question below, please indicate which statement best describes your feelings towards the treatment or advice you have received for your lower back pain since you joined the study.

1. How satisfied are you with the treatment you received?

Very dissatisfied	☐ 1
Somewhat dissatisfied	☐ 2
Neither satisfied nor dissatisfied	☐ 3
Somewhat satisfied	☐ 4
Very satisfied	☐ 5

2. How much benefit have you gained from the treatment or advice **you have received for your lower back pain since you joined the study**.

Substantial benefit	☐ 1
Moderate benefit	☐ 2
No benefit	☐ 3
Moderate harm	☐ 4
Substantial harm	☐ 5

Section 2

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. ☐

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.

For example:

0 1 2 3 4 (5) 6 7 8 9 10

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

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 Confident						**Completely 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.

	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

Section 5

These are some things people have told us about their back pain. For each statement please circle a number from 0 to 6 to say how much physical activity such as bending, lifting, driving affect your pain.

Please circle one number for each line

	Completely Disagree			Unsure			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 6

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

3. How would you describe your back pain compared to when you started the study?

   Very much improved (or completely recovered) ☐ 1

   Much improved ☐ 2

   Minimally (or slightly) improved ☐ 3

   No change ☐ 4

   Minimally worse ☐ 5

   Much worse ☐ 6

   Very much worse ☐ 7

Section 7

This section 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Were limited in the **kind** of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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
☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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
☐ 1	☐ 2	☐ **3**	☐ 4	☐ **5**

Section 8

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

Do not cross 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 ☐

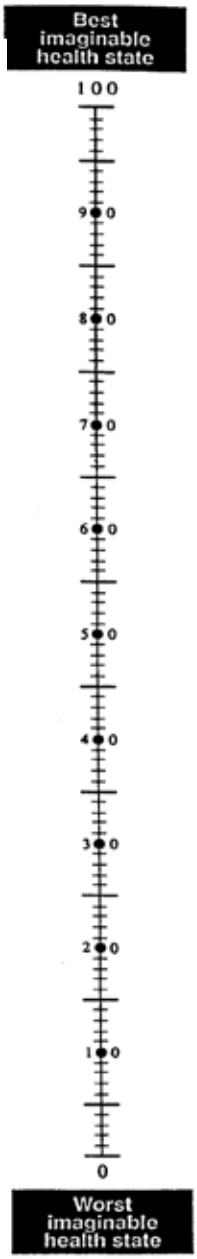
Your own health state today

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 9

This section is about health care you have received for your back pain. There are separate parts for NHS treatment, private treatment, products/equipment, normal activities and any benefits/entitlements. Please read each question carefully. For each question, if you have had no treatments or visits, please enter '0'.

NHS Treatment

1. In the **last 3 months**, how often have you attended the following **NHS services** for lower back pain? *(Please do not include any sessions or treatments that you attended as part of the study).*

	Number of times	
Your GP or another GP	☐☐	*if none enter '0'*
Practice nurse	☐☐	*if none enter '0'*
Physiotherapist	☐☐	*if none enter '0'*
Doctor/nurse in an accident and emergency department (Casualty)	☐☐	*if none enter '0'*
Hospital specialist (consultant or one of his/her team)	☐☐	*if none enter '0'*
Psychologist	☐☐	*if none enter '0'*
Counsellor	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

2. In the **last 3 months** have you been admitted to an **NHS hospital** because of back pain?

Yes ☐ 1
No ☐ 2

If Yes, in total, how many days were you in hospital? ☐☐

3. In the **last 3 months** have you had any of the following tests in an **NHS hospital** in relation to lower back pain?

	Number of times	
X-ray	☐☐	*if none enter '0'*
CT Scan	☐☐	*if none enter '0'*
MRI Scan	☐☐	*if none enter '0'*
Blood tests (count all blood tests done on one day as one test)	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

4. In the **last 3 months** has your **doctor** prescribed any of the following medications for your back?

Pain killers	☐☐	*if none enter '0'*
Anti-inflammatory drugs (for example ibuprofen, naproxen)	☐☐	*if none enter '0'*
Gels/Creams (for example ibuleve or movelat)	☐☐	*if none enter '0'*
Sleeping pills	☐☐	*if none enter '0'*
Anti-depressants	☐☐	*if none enter '0'*

Other (Please specify) _____

Private Treatment

5. For the **last 3 months** please detail total treatment costs **you paid for yourself**; **or paid for by private insurance**; please do not include any treatments paid for by the NHS. Please round the amounts to the nearest pound.

	Number Of times	Medical Insurance Contribution	Personal Contribution
Private physiotherapist	☐☐	£☐☐☐	£☐☐☐
Private hospital specialist (consultant)	☐☐	£☐☐☐	£☐☐☐
Private osteopath	☐☐	£☐☐☐	£☐☐☐
Private chiropractor	☐☐	£☐☐☐	£☐☐☐
Private psychologist	☐☐	£☐☐☐	£☐☐☐
Private counsellor	☐☐	£☐☐☐	£☐☐☐
Private massage therapist	☐☐	£☐☐☐	£☐☐☐
Private aroma therapist	☐☐	£☐☐☐	£☐☐☐
Private acupuncturist	☐☐	£☐☐☐	£☐☐☐
Other (please specify) _____	☐☐	£☐☐☐	£☐☐☐
Other (please specify) _____	☐☐	£☐☐☐	£☐☐☐

6. In the **last 3 months**, have you been admitted to a **private hospital** because of lower back pain?

Yes ☐ 1
No ☐ 2

If **Yes**, in total, **how many days were you in hospital?** ☐☐

If **Yes**, what were the **total costs paid by your medical insurance?** **£** ☐☐☐☐
Please give the total costs to the nearest pound*.

If **Yes**, what were the **total costs paid by you?** **£** ☐☐☐☐
Please give the total costs to the nearest pound.*

*If you do not know the actual cost please give us your best estimate of the costs.

7. In the **last 3 months,** have you had any of the following tests in a **private hospital** in relation to lower back pain?

	Number of times	
X-ray	☐☐	*if none enter '0'*
CT Scan	☐☐	*if none enter '0'*
MRI Scan	☐☐	*if none enter '0'*
Blood tests (please count all blood tests done on one day as one test)	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

8. In the **last 3 months have you bought (other than by a prescription)** any of the following treatments for your back pain? Please estimate the total cost to the nearest pound.

	Number of times	Total cost to you
Pain killers	☐☐	£☐☐☐
Anti-inflammatory drugs (for example ibuprofen/nurofen)	☐☐	£☐☐☐
Gels/Creams (for example ibuleve or movelat)	☐☐	£☐☐☐

Other (Please specify)_____

Products / equipment.

9. In the **last three months**, have you bought items such as braces or aids, a new bed or mattress, a chair, a massage machine, or any other products or equipment **because of your back pain**? (please list the item below and estimate the cost to the nearest pound)

Item bought

1. _____. **£** | | | | |
2. _____. **£** | | | | |
3. _____. **£** | | | | |
4. _____. **£** | | | | |
5. _____. **£** | | | | |

Normal activities.

10. Over the **last 3 months** has your back pain stopped you doing your **normal activities**?

Please cross any that apply and enter the total number of days your back pain stopped you getting on with your normal activities.

		Number of days
☐	Employment			*If none enter '0'*
☐	Education (i.e. college or University)			*If none enter '0'*
☐	Housework			*If none enter '0'*
☐	Childcare or care of a relative			*If none enter '0'*

Changes in work status in the last three months

11. Have you had to take any days off sick from work in the last three months due to your low back pain?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** how many days? ☐☐

12. Have you had to change your occupation in the last three months due to your back pain?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** what is your new job? _____

When did this change occur? |__|__| |__|__| |__|__|

13. Have your hours of employment changed in the last three months because of back pain getting better or worse?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** by how many hours per week has your employment changed? _____

When did this change occur? |__|__| |__|__| |__|__|

14. If you were off work when you joined the study, have you returned to work?

☐ 1 I am still off work

☐ 2 I returned to work on |__|__| |__|__| |__|__|

Benefits and entitlement to free prescriptions

15. Do you qualify for free prescriptions?

Yes	☐ 1
No	☐ 2

16. Has your benefit status changed in the last three months?

Yes	☐ 1
No	☐ 2

If **yes**, please cross all benefits that you are currently receiving.

Statutory Sick Pay	☐ 1	Child Tax Credit	☐ 8
Incapacity Benefit	☐ 2	Council Tax Benefit	☐ 9
Disability living allowance	☐ 3	Housing Benefit	☐ 10
Disabled persons tax credit	☐ 4	Attendance allowance	☐ 11
Invalid Care Allowance	☐ 5 (includes if paid to someone who looks after you)		
Other	☐ 6 please specify_____		
Working Tax Credit	☐ 7		

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

If you have any comments, please write them overleaf.

Your comments:

In confidence

Potential participant study ID number

Back **S**kills **T**raining **(BeST)** Trial

Trial Participant Twelve Month Follow Up Questionnaire

The University of Warwick
Centre for Primary Health Care

THE UNIVERSITY OF WARWICK

MRC General Practice Research Framework

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)

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The responses you give in this questionnaire will help us find out if the treatment you have had for your back since you joined the study has been helpful.

Please answer all the questions. Although it may seem that questions are asked more than once, it is still important that you answer every one.

Please follow the instructions for each section carefully.

For each section, if you are asked to put a cross in the box, please use a cross rather than a tick.

For example, in the following question if your answer to the question is yes, you should place a cross firmly in the box next to yes.

Do you drive a car? **Yes** ☒

No ☐

If you are asked to circle a number, please use a circle rather than underlining a number.

For example, in the following question if you are asked 'how happy are you today?', where '1' is 'very unhappy' and '5' is 'very happy'. If you feel neither happy nor unhappy you may wish to answer '3'. You do this by clearly circling the number 3.

1 **2** **(3)** **4** **5**

Please use a BLACK or BLUE pen. Please do not use a pencil.

All the responses you give will be kept strictly confidential.

Firstly, please enter the date you are completing this questionnaire: |__|__| |__|__||__|__|

day month year

Section 1

By placing a cross in one box for each question below, please indicate which statement best describes your feelings towards the treatment or advice you have received for your lower back pain since you joined the study.

1. How satisfied are you with the treatment you received?

Very dissatisfied	☐ 1
Somewhat dissatisfied	☐ 2
Neither satisfied nor dissatisfied	☐ 3
Somewhat satisfied	☐ 4
Very satisfied	☐ 5

2. How much benefit have you gained from the treatment or advice **you have received for your lower back pain since you joined the study**.

Substantial benefit	☐ 1
Moderate benefit	☐ 2
No benefit	☐ 3
Moderate harm	☐ 4
Substantial harm	☐ 5

Section 2

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. ..... ☐

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.

For example:

0 1 2 3 4 (5) 6 7 8 9 10

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

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 Confident						**Completely 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.

	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

Section 5

These are some things people have told us about their back pain. For each statement please circle a number from 0 to 6 to say how much physical activity such as bending, lifting, driving affect your pain.

Please circle one number for each line

	Completely Disagree			Unsure			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 6

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

3. How would you describe your back pain compared to when you started the study?

   Very much improved (or completely recovered) ☐ 1

   Much improved ☐ 2

   Minimally (or slightly) improved ☐ 3

   No change ☐ 4

   Minimally worse ☐ 5

   Much worse ☐ 6

   Very much worse ☐ 7

Section 7

This section 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Were limited in the **kind** of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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
☐ 1	☐ 2	☐ 3	☐ 4	☐ 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?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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
☐ 1	☐ 2	☐ **3**	☐ 4	☐ **5**

Section 8

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

Do not cross 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 ☐

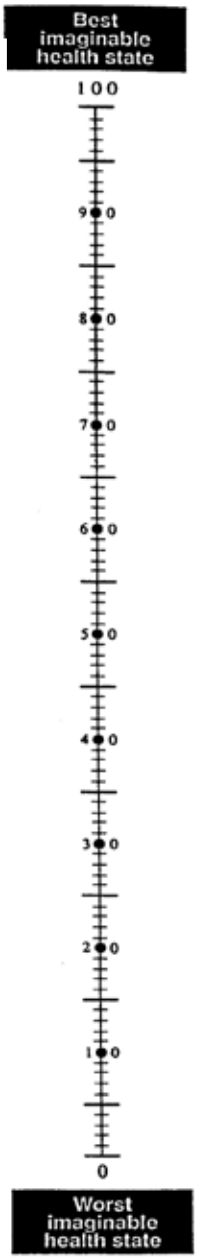
Your own health state today

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 9

This section is about health care you have received for your back pain. There are separate parts for NHS treatment, private treatment, products/equipment, normal activities and any benefits/entitlements. Please read each question carefully. For each question, if you have had no treatments or visits, please enter '0'.

NHS Treatment

1. In the **last 6 months**, how often have you attended the following **NHS services** for lower back pain? *(Please do not include any sessions or treatments that you attended as part of the study).*

	Number of times	
Your GP or another GP	☐☐	*if none enter '0'*
Practice nurse	☐☐	*if none enter '0'*
Physiotherapist	☐☐	*if none enter '0'*
Doctor/nurse in an accident and emergency department (Casualty)	☐☐	*if none enter '0'*
Hospital specialist (consultant or one of his/her team)	☐☐	*if none enter '0'*
Psychologist	☐☐	*if none enter '0'*
Counsellor	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

2. In the **last 6 months** have you been admitted to an **NHS hospital** because of back pain?

Yes ☐ 1
No ☐ 2

If Yes, in total, how many days were you in hospital? ☐☐

3. In the **last 6 months** have you had any of the following tests in an **NHS hospital** in relation to lower back pain?

	Number of times	
X-ray	☐☐	*if none enter '0'*
CT Scan	☐☐	*if none enter '0'*
MRI Scan	☐☐	*if none enter '0'*
Blood tests (count all blood tests done on one day as one test)	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

4. In the **last 6 months** has your **doctor** prescribed any of the following medications for your back?

Pain killers	☐☐	*if none enter '0'*
Anti-inflammatory drugs (for example ibuprofen, naproxen)	☐☐	*if none enter '0'*
Gels/Creams (for example ibuleve or movelat)	☐☐	*if none enter '0'*
Sleeping pills	☐☐	*if none enter '0'*
Anti-depressants	☐☐	*if none enter '0'*

Other (Please specify) _____

Private Treatment

5. For the **last 6 months** please detail total treatment costs **you paid for yourself**; **or paid for by private insurance**; please do not include any treatments paid for by the NHS. Please round the amounts to the nearest pound.

	Number Of times	Medical Insurance Contribution	Personal Contribution
Private physiotherapist	☐☐	£☐☐☐	£☐☐☐
Private hospital specialist (consultant)	☐☐	£☐☐☐	£☐☐☐
Private osteopath	☐☐	£☐☐☐	£☐☐☐
Private chiropractor	☐☐	£☐☐☐	£☐☐☐
Private psychologist	☐☐	£☐☐☐	£☐☐☐
Private counsellor	☐☐	£☐☐☐	£☐☐☐
Private massage therapist	☐☐	£☐☐☐	£☐☐☐
Private aroma therapist	☐☐	£☐☐☐	£☐☐☐
Private acupuncturist	☐☐	£☐☐☐	£☐☐☐
Other (please specify) _____	☐☐	£☐☐☐	£☐☐☐
Other (please specify) _____	☐☐	£☐☐☐	£☐☐☐

6. In the **last 6 months**, have you been admitted to a **private hospital** because of lower back pain?

Yes ☐ 1
No ☐ 2

If **Yes**, in total, **how many days were you in hospital?** ☐☐

If **Yes**, what were the **total costs paid by your medical insurance?** **£** ☐☐☐☐
Please give the total costs to the nearest pound*.

If **Yes**, what were the **total costs paid by you?** **£** ☐☐☐☐
Please give the total costs to the nearest pound.*

*If you do not know the actual cost please give us your best estimate of the costs.

7. In the **last 6 months,** have you had any of the following tests in a **private hospital** in relation to lower back pain?

	Number of times	
X-ray	☐☐	*if none enter '0'*
CT Scan	☐☐	*if none enter '0'*
MRI Scan	☐☐	*if none enter '0'*
Blood tests (please count all blood tests done on one day as one test)	☐☐	*if none enter '0'*
Other (please specify) _____	☐☐	*if none enter '0'*

8. In the **last 6 months have you bought (other than by a prescription)** any of the following treatments for your back pain? Please estimate the total cost to the nearest pound.

	Number of times	Total cost to you
Pain killers	☐☐	£☐☐☐
Anti-inflammatory drugs (for example ibuprofen/nurofen)	☐☐	£☐☐☐
Gels/Creams (for example ibuleve or movelat)	☐☐	£☐☐☐

Other (Please specify)_____

Products / equipment.

9. In the **last 6 months**, have you bought items such as braces or aids, a new bed or mattress, a chair, a massage machine, or any other products or equipment **because of your back pain**? (please list the item below and estimate the cost to the nearest pound)

Item bought

1. _____. **£** | | | | |
2. _____. **£** | | | | |
3. _____. **£** | | | | |
4. _____. **£** | | | | |
5. _____. **£** | | | | |

Normal activities.

10. Over the **last 6 months** has your back pain stopped you doing your **normal activities**?

Please cross any that apply and enter the total number of days your back pain stopped you getting on with your normal activities.

		Number of days
☐	Employment			*If none enter '0'*
☐	Education (i.e. college or University)			*If none enter '0'*
☐	Housework			*If none enter '0'*
☐	Childcare or care of a relative			*If none enter '0'*

Changes in work status in the last six months

11. Have you had to take any days off sick from work in the last 6 months due to your low back pain?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** how many days? ☐☐

12. Have you had to change your occupation in the last 6 months due to your back pain?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** what is your new job? _____

When did this change occur? |__|__| |__|__| |__|__|

13. Have your hours of employment changed in the last 6 months because of back pain getting better or worse?

Yes ☐ 1

No ☐ 2

Not applicable ☐ 3

If **Yes,** by how many hours per week has your employment changed? _____

When did this change occur? |__|__| |__|__| |__|__|

14. If you were off work when you joined the study, have you returned to work?

☐ 1 I am still off work

☐ 2 I returned to work on |__|__| |__|__| |__|__|

Benefits and entitlement to free prescriptions

15. Do you qualify for free prescriptions?

Yes	☐ 1
No	☐ 2

16. Has your benefit status changed in the last 6 months?

Yes	☐ 1
No	☐ 2

If **yes**, please cross all benefits that you are currently receiving.

Statutory Sick Pay	☐ 1	Child Tax Credit	☐ 8
Incapacity Benefit	☐ 2	Council Tax Benefit	☐ 9
Disability living allowance	☐ 3	Housing Benefit	☐ 10
Disabled persons tax credit	☐ 4	Attendance allowance	☐ 11
Invalid Care Allowance	☐ 5 (includes if paid to someone who looks after you)		
Other	☐ 6 please specify_____		
Working Tax Credit	☐ 7		

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

If you have any comments, please write them overleaf.

Your comments: