

In confidence

Potential participant study ID number

Back Skills Training (BeST) Trial

Trial Participant Three Month Follow Up Questionnaire

Back Skills Training (BeST) Trial

The University of Warwick Centre for Primary Health Care





MRC General Practice Research Framework

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 ☐

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 of statement best describes your feelings towal received for your lower back pain as part of the section of the sec	rds the advice or treatment you have
1. How satisfied are you with the advice or trea	tment you received?
Very dissatisfied	
Somewhat dissatisfied	
Neither satisfied nor dissatisfied	
Somewhat satisfied	
Very satisfied	□ ₅
How much benefit have you gained from the lower back pain as part of the study.	advice or treatment you have received for your
Substantial benefit	□₁
Moderate benefit	
No benefit	□₃
Moderate harm	
Substantial harm	

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 <u>today</u>. When you read a sentence that describes you <u>today</u>, 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. \dots	
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.	

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

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

Fo	example:	0	1	2	3	4 (5)	6	7	8	9	10
1.	In the past scale of 0-1											
		0	1	2	3	4	5	6	7	8	9	10
2.	In the past recreationa 'extreme ch	ıl, socia	I and fa									
		0	1	2	3	4	5	6	7	8	9	10
3.	In the past housework											uding
		0	1	2	3	4	5	6	7	8	9	10
4.	In the past 'no pain' ar						ack paiı	n been	on a sca	ale of 0-	10 whe	re <u>0 is</u>
		0	1	2	3	4	5	6	7	8	9	10
5.	In the past where <u>0 is </u>								been or	n a scale	e of 0-1	0
		0	1	2	3	4	5	6	7	8	9	10
6.	How would				ain toda	y on a	scale o	f 0-10 w	here <u>0</u>	is 'no pa	<u>ain'</u> and	<u>10 is</u>
		0	1	2	3	4	5	6	7	8	9	10

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

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г۷	"	CY	aı	ш	יוע	u

0	1	2	3	4	5	6	
Not at al						Comp	

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

		Not at all Confident						mpletely onfident
1. I can enjoy	things, despite the pain.	0	1	2	3	4	5	6
	ost of the household chores g-up, washing dishes, etc.), pain.	0	1	2	3	4	5	6
	lise with my friends or family as often as I used to do, pain.	0	1	2	3	4	5	6
I can cope situations.	with my pain in most	0	1	2	3	4	5	6
	me form of work, despite the 'includes housework, paid work).	0	1	2	3	4	5	6
	o many of the things I enjoy n as hobbies or leisure activity, pain.	0	1	2	3	4	5	6
7. I can cope medication	with my pain without	0	1	2	3	4	5	6
8. I can still a life, despite	e the pain.	0	1	2	3	4	5	6
9. I can live a pain.	normal lifestyle, despite the	0	1	2	3	4	5	6
10. I can gradu despite the	nally become more active, pain.	0	1	2	3	4	5	6

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

		Complete	ely		Unsure		Со	mpletely
		Disagre	е					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?	
(PI	lease cross one box)	
	Completely recovered	
	Much improved	
	Slightly improved	\square_3
	No change	
	Slightly worsened	
	Much worsened	□ 6
	Vastly worsened	

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 Ve	ery good	Good	Fair	Poor				
	□ 1	□ ₂	З	□ 4		☐ 5			
2.	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, vacuum cleaner, bowl			1	_ 2	□ 3			
b)	Climbing several fligh	ts of stairs		1	2	□ 3			
3.	During the past 4 wee with your work or other					roblems			
		All of the tim		Some of the time	A little of the time	None of the time			
a)	Accomplished less to you would like	han ₁	_ 2	□ 3	□ 4	□ 5			
b)	Were limited in the kii work or other activities	· · ·	_ 2	☐ 3	<u> </u>	<u> </u>			

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	<u> </u>	<u></u> 5		
5.	During the past 4 weeks , how (including both work outside the			th your norm	al work			
	Not at all A little	bit M	oderately	Quite a	bit E	xtremely		
	□ 1 □ 2		☐ 3	□ 4		□ 5		
6.	These questions are about how weeks. For each question, ple have been feeling. How much	ase give the	one answer th	hat comes clo	osest to the v			
		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	d						
-,	low?	LJ 1	_ 2	□ 3	<u> </u>	<u> </u>		
	low?							
		much of the t	time has your	physical hea	Ith OR emoti	ional		
	During the past 4 weeks, how problems interfered with your s	much of the toocial activitie	time has your s (like visiting some of	physical hea with friends,	Ith OR emoti relatives, etc	ional c.)? None of		
	During the past 4 weeks , how problems interfered with your s	much of the toocial activitie	time has your s (like visiting	physical hea with friends,	Ith OR emoti relatives, etc of	ional c.)?		

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

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 leisu	re 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	

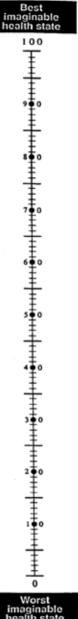
Your own health state today

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**



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

 In the last 3 months, how often have you attended the following pain? (Please do not include any sessions or treatments that you 		
Numb	ber of time	es
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 hospit : Yes	al becaus	e of back pain?
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?						
Nu	mber of tim	ies				
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	medication	ns 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						
No \square_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' Personal Number Medical Of times Insurance Contribution 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 No 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 priv lower back pain?	ate hospi	tal in relation to
		ber of time	es
	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 treatments for your back pain? Please estimate the total cost to the n		
		Number	Total cost
	Pain killers (for example paracetamol/anadin)	of times	to you
	Anti-inflammatory drugs (for example ibuprofen/neurofen)		£
	Gels/Creams (for example ibuleve or movelat)		£
	Other (please specify)		£
	Other (please specify)		£

Products / equipment.

chair,	e last three months, have you bought items such as braces or a massage machine, or any other products or equipment becau se list the item below and estimate the cost to the nearest pound	use of your back pain?
Item	bought	
1	£	
2	£	
3	£	
4		:
5		:
11. Ove	activities. The last 3 months has your back pain stopped you doing your be cross any that apply and enter the total number of days your be the your normal activities.	
	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

I2. Have you pain?	had to take any d	ays off sick fron	n work in the last three r	nonths due to your low back
	Yes	□ 1		
	No	\square_2		
	Not applicable	□ 3		
If Yes , ho	ow many days?			
I3. Have you pain?	r hours of employn	nent altered in t	the last three months be	cause of changes in your back
	No, stayed the sa	ame	□ 1	
	Yes, increased		□ 2	
	Yes, decreased		□ 3	
	Not applicable		□ 4	
If Yes, by	how many hours p	er week has yo	ur employment changed	?
When did	this change occur?	,		
14. If you wer	e off work when yo	ou joined the st	udy, have you returned t	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 No	□ ₁ □ ₂		
If yes , please cross all bene	fits that you are	e currently receiving.	
Statutory Sick Pay	□1	Income support	□8
Incapacity Benefit	\square_2	Working tax credit	□ 9
Disability living allowance	\square_3	Child tax credit	
Severe disablement allowance	□ ₄	Council tax benefit	□ 11
Disabled persons tax credit	□ ₅	Housing benefit	
Carers allowance	\square_6	Attendance allowance	□ 13
Job seekers allowance	□ ₇	Pension credit	
		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 Skills Training (BeST) Trial

Trial Participant Six Month Follow Up Questionnaire

Back Skills Training (BeST) Trial

The University of Warwick Centre for Primary Health Care





MRC General Practice Research Framework

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 $oxed{f eta}$

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	g this questionnaire: _ _ _ _ day month year	_ r						
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. Ho	ow satisfied are you with the treatment you	ı received?							
	Very dissatisfied								
	Somewhat dissatisfied								
	Neither satisfied nor dissatisfied	\square_3							
	Somewhat satisfied								
	Very satisfied								
	ow much benefit have you gained from the	e treatment or advice you have received for ne study.							
	Substantial benefit	□ 1							
	Moderate benefit								
	No benefit	\square_3							
	Moderate harm								
	Substantial harm								

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 <u>today</u>. When you read a sentence that describes you <u>today</u>, 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 <u>today</u>.

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.	. 🔲

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

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

Fo	r example:	0	1	2	3	4	5	6	7	8	9	10
1.	In the pas scale of 0-											
		0	1	2	3	4	5	6	7	8	9	10
2.	In the pas recreations extreme of	al, socia	al and fa	v much amily ac	has you tivities	ır back on a so	pain ch ale of 0	anged y -10 whe	your abi ere <u>0 is</u>	lity to ta <u>'no cha</u> i	ke part <u>nge'</u> and	in d <u>10 is</u>
		0	1	2	3	4	5	6	7	8	9	10
3.	In the pas housework											luding
		0	1	2	3	4	5	6	7	8	9	10
4.	In the pas <u>'no pain'</u> a							n been	on a sc	ale of 0	-10 whe	re <u>0 is</u>
		0	1	2	3	4	5	6	7	8	9	10
5.	In the pas where <u>0 is</u>								been o	n a scal	e of 0-1	0
		0	1	2	3	4	5	6	7	8	9	10
6.	How would 'as bad as				ain tod a	ay on a	scale o	of 0-10 v	vhere <u>0</u>	is 'no p	<u>ain'</u> and	l <u>10 is</u>
		0	1	2	3	4	5	6	7	8	9	10

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

For	exam	ple
-----	------	-----

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 <u>how confident you are that you can do them at present, despite the pain.</u>

		Not at all Confident						mpletely onfident
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).		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

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	Со	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 to work or school/college/university?	
2.	During the past 4 weeks , about how many days did you have to cut dow you usually do for more than half the day because of back pain?	•
3.	How would you describe your back pain compared to when you started t	he study?
	Very much improved (or completely recovered)	□ 1
	Much improved	
	Minimally (or slightly) improved	\square_3
	No change	
	Minimally worse	
	Much worse	□ 6
	Very much worse	

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 go	od	Good	Fair	1	Poor
	□ 1 □ 2		☐ 3	☐ 4		☐ 5
2.	The following questions are Does your health now limi				al day.	
				Yes, limited a lot	Yes, limited a little	No, not limited at all
a)	Moderate activities, such a vacuum cleaner, bowling or		ole, pushing a	1	_ 2	□ 3
b)	Climbing several flights of s	tairs		1	☐ 2	З
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	<u> </u>
b)	Were limited in the kind of work or other activities	<u> </u>	☐ 2	□ 3	□ 4	□ 5

	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	<u> </u>
5.	During the past 4 weeks , how (including both work outside the			ith your norm	nal work	
	Not at all A little	bit Mo	oderately	Quite a	bit Ex	xtremely
	□ 1 □ 2		☐ 3	☐ 4		☐ 5
6.	These questions are about how weeks. For each question, ple					
	have been feeling. How much	of the time				vay you
	have been feeling. How much	of the time All of the time	during the p			None of the time
a)	have been feeling. How much Have you felt calm and peaceful?	All of the	during the p Most of	ast 4 weeks Some of	: A little of	None of
a) b)	Have you felt calm and peaceful?	All of the time	during the p Most of the time	Some of the time	A little of the time	None of the time
b)	Have you felt calm and peaceful?	All of the time	during the p Most of the time	Some of the time	A little of the time	None of the time
b)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted and	All of the time	during the p Most of the time	Some of the time	A little of the time	None of the time
b)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted and	All of the time	Most of the time 2 2 2 2 2 ime has your	Some of the time	A little of the time 4 4 4 4 Alth OR emo	None of the time 5 5 5 5
b)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted and low? During the past 4 weeks, how	All of the time	Most of the time 2 2 2 2 2 ime has your	Some of the time	A little of the time 4 4 4 14 14 15 16 17 18 18 18 18 18 18 18 18 18	None of the time 5 5 5 5
b)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted and low? During the past 4 weeks, how problems interfered with your s All of Most of the time	All of the time 1 1 1 much of the tocial activities	Most of the time 2 2 2 2 ime has yours (like visiting)	Some of the time 3 3 3 physical hea with friends	A little of the time 4 4 4 alth OR emoder, relatives, etc.	None of the time 5 5 5 15
b)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted and low? During the past 4 weeks, how problems interfered with your s All of Most of	All of the time 1 1 1 much of the tocial activities	Most of the time 2 2 2 2 ime has your s (like visiting ome of	Some of the time 3 3 3 physical heawith friends,	A little of the time 4 4 4 alth OR emoder relatives, etc.	ttiona::.)?

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

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 leisu	re 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	

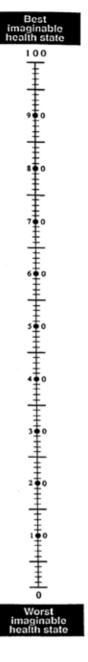
Your own health state today

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 <u>drawing a line</u> <u>from the box below</u>, to whichever point on the scale indicates how good or bad your current health <u>state is **today**</u>.

Your own health state TODAY



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 bac pain? (Please do not include any sessions or treatments that you attended as part of the study 				
		Number of tin	r 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 I	h ospital becau	se of back pain?		
	Yes				
	If Yes, in total, how many days were you in hospital?				

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 tim	nes		
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 follo	wing medication	ns 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

 For the last 3 months please detail total t private insurance; please do not include 			
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 adm Yes	itted to a priv	ate hospital becau	se of lower back pain?
If Yes, in total, how many days were you	u in hospital?	?	
If Yes, what were the total costs paid by	your medica	al 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 pri lower back pain?	vate hospi	tal in re	elation to
		mber of time	es	
	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	t)	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 treatments for your back pain? Please estimate the total cost to the	on) any of the nearest pou Num	ınd.	wing Total cost
	Pain killers	of tir		to you
	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		£				
10. Over	activities. the last 3 months has your back pain stopped you doing you e cross any that apply and enter the total number of days your th your normal activities.	· ba	ck pai		ped y	etting
	Employment		If none	e enter] · '0'	
	Education (i.e. college or University)		If none	e enter] · '0'	
	Housework		If none	e enter] · 'o'	
	Childcare or care of a relative		If non	e enter] · '0'	

Changes in work status in the last three months

11. Have yo pain?	u had to take any c	lays off sick from work in the last three months due to your low back
	Yes	□ 1
	No	□ ₂
	Not applicable	
If Yes, I	now many days?	
12. Have yo	u had to change yo	our occupation in the last three months due to your back pain?
	Yes	□ 1
	No	_ 2
	Not applicable	□ ₃
If Yes , v	what is your new jo	b?
When d	id this change occu	ır? _
-	our hours of employ r worse?	yment changed in the last three months because of back pain getting
	Yes	□ 1
	No	□ ₂
	Not applicable	□ ₃
If Yes , by	how many hours p	per week has your employment changed?
When did	I this change occur	?
14. If you we	ere off work when y	ou joined the study, have you returned to work?
	☐ 1 I am still of	f work
	☐ ₂ I returned t	o work on _
	-	·—····································

Benefits and entitlement to free prescriptions 15. Do you qualify for free prescriptions? Yes No 16. Has your benefit status changed in the last three months? Yes No If yes, please cross all benefits that you are currently receiving. \square_1 Statutory Sick Pay Child Tax Credit Council Tax Benefit Incapacity Benefit \square_3 Housing Benefit Disability living allowance \prod_{Δ} Attendance allowance Disabled persons tax credit ☐ 5 (includes if paid to someone who looks after you) Invalid Care Allowance 6 please specify _____ Other

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Working Tax Credit

If you have any comments, please write them overleaf.

Your comments:			



In confidence

Potential participant study ID number

Back Skills Training (BeST) Trial

Trial Participant Twelve Month Follow Up Questionnaire

Back Skills Training (BeST) Trial

The University of Warwick Centre for Primary Health Care





MRC General Practice Research Framework

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 ⊠

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 quest best describes your feelings towards the treatlower back pain since you joined the study.	
1. How satisfied are you with the treatment you	received?
Very dissatisfied	
Somewhat dissatisfied	
Neither satisfied nor dissatisfied	Пз
Somewhat satisfied	
Very satisfied	
How much benefit have you gained from the your lower back pain since you joined th	·
Substantial benefit	
Moderate benefit	
No benefit	
Moderate harm	
Substantial harm	□₅

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 <u>today</u>. When you read a sentence that describes you <u>today</u>, 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 <u>today</u>.

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.	

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

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

Fo	r example:	0	1	2	3	4	5	6	7	8	9	10
1.	In the pass											
		0	1	2	3	4	5	6	7	8	9	10
2.	In the pas recreations <u>'extreme c</u>	al, socia	al and fa									
		0	1	2	3	4	5	6	7	8	9	10
3.	In the pas housework											luding
		0	1	2	3	4	5	6	7	8	9	10
4.	In the pas 'no pain' a							n been	on a sc	ale of 0	-10 whe	re <u>0 is</u>
		0	1	2	3	4	5	6	7	8	9	10
5.	In the pas where <u>0 is</u>								been o	n a scal	e of 0-1	0
		0	1	2	3	4	5	6	7	8	9	10
6.	How would				ain tod a	ay on a	a scale o	f 0-10 v	vhere <u>0</u>	is 'no p	ain' and	1 <u>0 is</u>
		0	1	2	3	4	5	6	7	8	9	10

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

For	exam	ple
-----	------	-----

0	1	(2)	3	4	5	6
Not at all						Completel
Confident						confident

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

		Not at all Confident						mpletely onfident
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).		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

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			Unsure			Completely	
		Disagre	е					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 dow you usually do for more than half the day because of back pain?	_
3.	How would you describe your back pain compared to when you started the	ne study?
	Very much improved (or completely recovered)	
	Much improved	
	Minimally (or slightly) improved	Пз
	No change	
	Minimally worse	
	Much worse	□ ₆
	Very much worse	

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 go	od	Good	Fair	ī	Poor		
	1 2		□ 3	☐ 4		<u> </u>		
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 a vacuum cleaner, bowling or	•	ole, pushing a	□ 1	_ 2	□ 3		
b)	Climbing several flights of s	tairs		□ 1	2	☐ 3		
3.	During the past 4 weeks , he with your work or other regu					roblems		
		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	<u> </u>	☐ 5		
b)	Were limited in the kind of work or other activities	1	☐ 2	3	<u> </u>	□ 5		
5.	During the past 4 weeks , how (including both work outside the			ith your norm	nal work			
	Not at all A little	bit M	loderately	Quite a	bit Ex	ctremely		
	□ 1 □ :	2	□ 3	<u> </u>		☐ 5		
6.	These questions are about ho weeks. For each question, pl							
6.	These questions are about ho weeks. For each question, pl have been feeling. How muc	ease give the	one answer to during the p	hat comes cl	osest to the w	ay you		
	weeks. For each question, pl have been feeling. How muc	ease give the h of the time All of the time	one answer to during the p Most of the time	hat comes cl ast 4 weeks Some of the time	A little of the time	None of the time		
	weeks. For each question, pl have been feeling. How muc	ease give the h of the time All of the	one answer to during the p Most of	hat comes cl ast 4 weeks Some of	osest to the w	vay you None of		
a)	weeks. For each question, pl have been feeling. How muc	ease give the h of the time All of the time	one answer to during the p Most of the time	hat comes cl ast 4 weeks Some of the time	A little of the time	None of the time		
a) b)	weeks. For each question, pl have been feeling. How much have you felt calm and peaceful?	ease give the h of the time All of the time 1	e one answer to during the p Most of the time	hat comes cl ast 4 weeks Some of the time	A little of the time	None of the time		
a) b)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted an low? During the past 4 weeks, how problems interfered with your selection, place in the past 4 weeks.	ease give the h of the time All of the time 1 1 much of the social activities	e one answer to during the p e Most of the time 2 2 2 time has your es (like visiting)	hat comes clast 4 weeks Some of the time 3 3 3 physical hear with friends,	A little of the time 4 4 4 14 14 15 16 16 17 18 18 18 18 18 18 18 18 18	None of the time 5 5 5 10 5		
a) b) c)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted an low? During the past 4 weeks, how problems interfered with your and a second secon	ease give the h of the time All of the time 1 1 d	e one answer to during the p Most of the time 2 2 2 time has your es (like visiting some of	hat comes clast 4 weeks Some of the time 3 3 physical head with friends, A little	A little of the time 4 4 4 4 alth OR emo, relatives, etc.	None of the time 5 5 5 None of the time		
a) b) c)	Have you felt calm and peaceful? Did you have a lot of energy? Have you felt downhearted an low? During the past 4 weeks, how problems interfered with your selection, place in the past 4 weeks.	ease give the h of the time All of the time 1 1 d	e one answer to during the p e Most of the time 2 2 2 time has your es (like visiting)	hat comes clast 4 weeks Some of the time 3 3 3 physical hear with friends,	A little of the time 4 4 4 4 6 6 6 6 6 6 6 6 6	None of the time 5 5 5 10 5		

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

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 leisu	re 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	

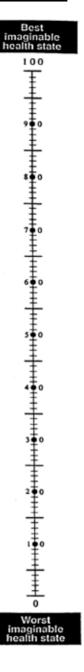
Your own health state today

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 <u>drawing a line</u> <u>from the box below</u>, to whichever point on the scale indicates how <u>good or bad your current health</u> <u>state is **today**</u>.

Your own health state TODAY



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 , now often have you attended the follow pain? (<i>Please do not include any sessions or treatments tha</i>		
N	Number of tir	nes
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 ho	spital becau	use of back pain?
Yes		
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 ar back pain?	n NHS hospita	I in relation to lower
	Number of tim	ies
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 follow	ving medicatior	ns 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			
 For the last 6 months please detail total private insurance; <u>please do not include</u> amounts to the nearest pound. 	treatment cost e any treatmen	s you paid for you ts paid for by the N	urself; or paid for by HS. Please round the
	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 adr	mitted to a priv	ate hospital becau	use of lower back pain?
Yes			
If Yes, in total, how many days were yo	ou in hospital?	•	
If Yes , what were the total costs paid b Please give the total costs to the neares		al insurance? £	

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 lower back pain?	g tests in a private hospital in relation to
.c	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 of	lay as one test) if none enter '0'
Other (please specify)	if none enter '0'
In the last 6 months have you bought (other than by treatments for your back pain? Please estimate the total)	
Pain killers	of times to you
Anti-inflammatory drugs (for example ibuprofen/nurofer	n) £
Gels/Creams (for example ibuleve or movelat)	£
Other (Please specify)	

Products / equipment.

£
£
£
£
£
doing your normal activities?
days your back pain stopped you o
days your back pain stopped you on the stopped you of the stopped you
days your back pain stopped you o
days your back pain stopped you on the stopped you of the stopped you
days your back pain stopped you g Number of days If none enter '0'

Changes in work status in the last six months

pain?	ays off sick from work in the last 6 months due to your low back
Yes	1
No	
Not applicable	□ ₃
If Yes , how many days?	
12. Have you had to change yo	ur occupation in the last 6 months due to your back pain?
Yes	□ ₁
No	
Not applicable	□ ₃
If Yes , what is your new job	o?
When did this change occu	ır? _
13. Have your hours of employ better or worse?	ment changed in the last 6 months because of back pain getting
Yes	□ 1
No	\square_2
Not applicable	□ ₃
If Yes, by how many hours p When did this change occur?	per week has your employment changed??
14. If you were off work when you	ou joined the study, have you returned to work?
-	
☐ 1 I am still off	work

Benefits and entitlement to free prescriptions 15. Do you qualify for free prescriptions? Yes No 16. Has your benefit status changed in the last 6 months? Yes No If yes, please cross all benefits that you are currently receiving. □₁ Statutory Sick Pay Child Tax Credit Incapacity Benefit Council Tax Benefit \square_3 Disability living allowance Housing Benefit \square_4 Disabled persons tax credit Attendance allowance ☐ 5 (includes if paid to someone who looks after you) Invalid Care Allowance 6 please specify Other

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Working Tax Credit

If you have any comments, please write them overleaf.

Your comments: