BeST

Core Outcome measures for 3 Month questionnaire non-responders

Ра	articipant Study Number:				
Da	ate of telephone interview:				
	he first questions are about how much ctivities in <u>recent weeks</u> .	h your back	trouble has	been interf	ering with your daily
1.	In the past 4 weeks , how much has yo of 0-10 where 0 is 'no interference' and 0 1 2 3 4	d <u>10 is 'unabl</u>			
2.	In the past 4 weeks , how much has yo recreational, social and family activities <u>'extreme change'</u> ? 0 1 2 3 4	s on a scale o		ur ability to t	
3.	In the past 4 weeks , how much has yo housework) on a scale of 0-10 where $\frac{0}{2}$ 0 1 2 3 4) is 'no chang			
4.	In the past 4 weeks , how bad has your pain' and $\frac{10 \text{ is 'as bad as a pain could}}{0 1 2 3 4}$	be'?	pain been o 6 7	n a scale of (8 9	0-10 where <u>0 is 'no</u> 10
5.	In the past 4 weeks , on <u>average</u> how b <u>'no pain'</u> and <u>10 is 'as bad as a pain co</u> 0 1 2 3 4	ould be'?	back pain b 5 7	een on a sca 8 9	ale of 0-10 where <u>0 is</u> 10
6.	How would you rate your back pain toc <u>bad as a pain could be'</u> ? 0 1 2 3 4	-	e of 0-10 wh 6 7	nere <u>0 is 'no j</u> 8 9	<u>pain'</u> and <u>10 is 'as</u> 10
7.	In what way has your back pain change Completely recovered 1 Slightly improved 3 Slightly worsened 5 Vastly worsened 7	Much ir No cha	nproved	<u>s</u> ? <u>2</u> <u>4</u> <u>6</u>	

The next questions are about 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.

8. In general, would you say your health is:									
Excellent	Very goo	b	Good	Fair		Poor			
1	2		3	4		5			
	9. 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, I limited a little	No, not limited at all			
a) Moderate acti pushing a vacu				1	2	3			
b) Climbing seve	ral flights of s	stairs		□ 1	2	3			
10. 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 you would like	l less than	1	2	3	4	5			
 b) Were limited in of work or other 		1	2	3	4	5			
11. During the pas your work or other depressed or anxi	regular activ					owing problems with ch as feeling			
		All of the time	Most of the time	Some of the time	A little of the time	None of the time			
a) Accomplished you would like	l less than	1	2	3	4	5			
 b) Were limited in of work or other 		1	2	3	4	5			
12. 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		Aoderately	Quite a		Extremely			

13. 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	
14. 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 Most of	So	me of	Δ little (of	None of	

All of	Most of	Some of	A little of	None of
the time	the time	the time	the time	the time
1	2	3	4	5

The following questions are to ask about your general health state <u>at the moment</u> please let me know which statement best describes your own health state <u>today.</u>

15. Mobility:

	I have no problems in walking about	
	I have some problems in walking about	
	I am confined to bed	
16.	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
- 17. 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	

16. Pain / Discomfort:

	I have no pain or discomfort
	I have moderate pain or discomfort
	I have extreme pain or discomfort
17.	Anxiety / Depression:
	I am not anxious or depressed
	I am moderately anxious or depressed
	I am extremely anxious or depressed
<u>Chan</u>	ges in work status in the last three months
	ave you had to take any days off sick from work in the last three months due to your low back
pain?	Yes in the second secon
	ave your hours of employment altered in the last three months because of changes in your back in?
	No, stayed the same
	Yes, increased \square_2
	Yes, decreased U 3
	Not applicable
lf Y	es, by how many hours per week has your employment changed?
Wh	en did this change occur?
22. lf	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
	□ ₃ Not applicable?
	Advise patient of 6 month questionnaire and importance of completing it and returning it in pre-paid envelope

BeST

Core Outcome measures for 6 Month questionnaire non-responders

Participant Study Number:					
Date of telephone interview:					
The first questions are about how mu activities in <u>recent weeks</u> .	ch your back trouble ha	as been interfering with your daily	у		
 In the past 4 weeks, how much has of 0-10 where <u>0 is 'no interference'</u> a 			!		
0 1 2 3	4 5 6 7	8 9 10			
2. In the past 4 weeks , how much has recreational, social and family activiti <u>'extreme change'</u> ?	es on a scale of 0-10 whe	ere <u>0 is 'no change'</u> and <u>10 is</u>			
0 1 2 3	4 5 6 7	8 9 10			
 In the past 4 weeks, how much has housework) on a scale of 0-10 where 0 1 2 3 					
 In the past 4 weeks, how bad has yo pain' and <u>10 is 'as bad as a pain cou</u> 		on a scale of 0-10 where <u>0 is 'no</u>			
0 1 2 3	4 5 6 7	8 9 10			
5. In the past 4 weeks , on <u>average</u> how <u>'no pain'</u> and <u>10 is 'as bad as a pain</u>	could be'?				
0 1 2 3	4 5 6 7	8 9 10			
 How would you rate your back pain t bad as a pain could be'? 	-	-			
0 1 2 3	4 5 6 7	8 9 10			
7. How would you describe your back pain compare to when you started the study?					
Very much improved (or complete Minimally (or slightly) improved Minimally worse Very much worse	ely recovered) 3 5 7	Much improved \Box_2 No change \Box_4 Much worse \Box_6			

The next questions are about 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.

8. In general, would you say your health is:									
Excellent	Very goo	d	Good	Fair		Poor			
1	2		3	4		5			
	9. 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, limitec a lot	Yes, I limited a little	No, not limited at all			
a) Moderate act pushing a vac				1	2	3			
b) Climbing seve	eral flights of s	stairs		1	2	3			
10. During the pa your work or othe						owing problems with			
		All of the time	Most of the time	Some of the time	A little of the time	None of the time			
a) Accomplishe you would like		1	2	3	4	5			
 b) Were limited i of work or oth 		1	2	3	4	5			
11. During the pa your work or othe depressed or any	er regular activ					owing problems with ch as feeling			
		All of the time	Most of the time	Some of the time	A little of the time	None of the time			
a) Accomplishe you would like		1	2	3	4	5			
 b) Were limited i of work or oth 		1	2	3	4	5			
12. 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 N	loderately	Quite a	bit	Extremely			
1		2	3	4		5			

13. 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
14. 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 Most of	So	me of	A little	of	None of

The following questions are to ask about your general health state <u>at the moment</u> please let me know which statement best describes your own health state <u>today.</u>

the time

4

the time

5

the time

3

15. Mobility:

the time

□ 1

the time

2

I have no problems in walking about	
I have some problems in walking about	
I am confined to bed	
16. 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	

17. 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	

16. Pain / Discomfort:

16	. Pain / Discomfort:					
	I have no pain or discomfort					
	I have moderate pain or discom					
	I have extreme pain or discomfo	ort				
17.	Anxiety / Depression:					
	I am not anxious or depressed					
	I am moderately anxious or dep	ressed				
	I am extremely anxious or depre					
<u>Chan</u>	<u>ges in work status in the last t</u>	hree months				
	ave you had to take any days off	sick from work in the last the	ree months due to your low back			
pain?	Yes 1 No 2 Not applicable? 3	If Yes, how many days?				
	ave your hours of employment al in?	tered in the last three month	s because of changes in your back			
	No, stayed the same	1				
	Yes, increased	2				
	Yes, decreased	3				
	Not applicable	4				
lf Y	es, by how many hours per wee	k has your employment char	nged?			
Wł	en did this change occur?					
22. If	you were off work when you joine	ed the study, have you return	ned to work?			
1 I am still off work						
	\square_2 I returned to work on \square_3 Not applicable?					
	Advise patient of 12 month que	stionnaire and importance or	f			

completing it and returning it in pre-paid envelope

BeST

Core Outcome measures for 12 Month questionnaire non-responders

Γ

Participant Study	Number:							
Date of telephone	e interview:							
The first question activities in <u>recer</u>		how much	your bacl	trouble l	nas beei	n interf	ering with	your daily
1. In the past 4 w of 0-10 where <u>(</u>) is 'no interf	erence' and	10 is 'unat	ole to carry	out any	activiti	es at all'?	on a scale
0	1 2	3 4	5	6 7	8	9	10	
2. In the past 4 w recreational, so <u>'extreme chang</u>	ocial and fam <u>ae'</u> ?	ily activities of	on a scale	of 0-10 w			ange' and <u>′</u>	
0	1 2	3 4	5	6 7	8	9	10	
3. In the past 4 w housework) on 0								ding
4. In the past 4 w <u>pain'</u> and <u>10 is</u>				k pain bee	n on a se	cale of	0-10 where	<u>0 is 'no</u>
0	1 2	3 4	5	6 7	8	9	10	
5. In the past 4 w <u>'no pain'</u> and <u>1</u>	0 is 'as bad a	<u>as a pain cou</u>	ld be'?					where <u>0 is</u>
0	1 2	3 4	5	6 7	8	9	10	
 How would you bad as a pain on 0 		ack pain toda 3 4	ay on a sca 5	ale of 0-10 6 7) where <u>(</u> 8	<u>) is 'no</u> 9	<u>pain'</u> and <u>1</u> 10	<u>0 is 'as</u>
C C		-	-	•	C C	-		
7. How would you describe your back pain compare to when you started the study?								
			recovered)	□ 1 □ 3 □ 5 □ 7	No d	ch impro change ch wors		2 4 6

The next questions are about 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.

8. In general, would you say your health is:						
Excellent Very	/ good ☐ ₂	Good	Fair		Poor □ ₅	
9. The following questions Does your health no						
			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					
b) Climbing several fligh	ts of stairs		1	2	3	
10. During the past 4 we your work or other regula					owing problems with	
	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
a) Accomplished less t you would like	han 🗌 1	2	3	4	5	
 b) Were limited in the kin of work or other activit 	· 1	2	3	4	5	
11. 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 t you would like	han 🗌 1	2	3	4	5	
b) Were limited in the kir of work or other activit		2	3	4	5	
12. 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 \square_2	Moderately	Quite a	bit	Extremely	

13. 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 downhearte and low?	ed 🗌 1	2	3	4	5	
14. 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 Most the time the ti		ome of e time	A little of the tim		None of the time	

The following questions are to ask about your general health state <u>at the moment</u> please let me know which statement best describes your own health state <u>today</u>.

3

4

5

15. Mobility:

□ 1

I have no problems in walking about	
I have some problems in walking about	
I am confined to bed	
16.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

□ 2

17. 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	

16. Pain / Discomfort:

	I have no pain or discomfort					
	I have moderate pain or discom	fort				
	I have extreme pain or discomfo	ort				
17.	Anxiety / Depression:		_			
	I am not anxious or depressed					
	I am moderately anxious or dep	ressed				
	I am extremely anxious or depre	essed				
<u>Chan</u>	<u>ges in work status in the last th</u>	nree months				
20. Hi pain?	ave you had to take any days off	sick from work in the last thre	ee months due to your low back			
pairi	Yes 🔲 1	If Yes, how many days?				
	No 📮 2					
	Not applicable? \square_3					
	ave your hours of employment alt in?	ered in the last three months	because of changes in your back			
	No, stayed the same					
	Yes, increased					
	Yes, decreased	3				
	Not applicable	4				
If Yes, by how many hours per week has your employment changed?						
Wh	en did this change occur?					
22. If you were off work when you joined the study, have you returned to work?						
	1 I am still off work					
	\square_2 I returned to work on \square_3 Not applicable?					

Thank patient for taking part in the study and advise that this Was their final questionnaire

