EASE BACK

Eligibility Screening Questionnaire

To be completed by the EASE BACK Study Administrator,

Research Midwife or Research Nurse

NOTE: PLEASE REMEMBER TO WRITE THIS WOMAN'S STUDY ID NUMBER ON ALL RELEVANT STUDY DOCUMENTATION

Study ID

Woman's details:

Title:………….Forename:……………………………………..Surname:……………………………………

Patient date of birth:…………/…………/…………

Address line 1: …………………………………………………………………………………………………..

Address line 2: …………………………………………………………………………………………………..

Town:…………………………………………………County: ………………………………………………..

Post code: ………………………………………………………………………………………………………..

Best telephone number to contact on: …………………………………………Home/ work/ mobile *(circle)*

Alternative number to contact on: …………………………………………….. Home/ work/ mobile *(circle)*

Best time to phone: ………………………………………………………………………………………………

Best day to phone: ………………………………………………………………………………………………

Research Midwife/ Nurse Contact Record

TELEPHONE ELIGIBILITY SCREENING

Date of attempted first contact:	Time:	Initials:
Date of attempted second contact:	Time:	Initials:
Date of attempted third contact:	Time:	Initials:

<u>If no contact after 1 week:</u>

Date 'no contact' letter sent:

Tick here if woman has not returned contact after 4 weeks of letter being sent ☐

<u>If face to face meeting arranged:</u>

Date of posting letter confirming face to face meeting and Participant Information Leaflet: ………………………

Part A: To be completed by the research midwife/ research nurse or study administrator:

Please ask:

		Yes	No
1.	Are you aged 18 years or over?	☐	☐
2.	Are you pregnant?	☐	☐
3.	What is your expected date of delivery? _______ /_______ /201__		
4.	(Is this between 13 and 31 completed weeks pregnant?)...........................	☐	☐
5.	Are you carrying more than 1 baby (e.g. twins, triplets)?	☐	☐
6.	Have you got pain in the area of your back (with or without pain lower down around your buttocks)?..	☐	☐
7.	Have you EVER had acupuncture before?..	☐	☐
8.	Are you planning to give birth under the care of the University Hospital of North Staffordshire?...	☐	☐
9.	Which GP surgery are you registered with?		
10.	(Is this practice on the eligible list?)..	☐	☐
11.	What is the name of your GP?		

12. How did you learn about the study/ how has the woman been identified? (please tick)

- ☐ …Obstetrician or midwife at the University Hospitals of North Staffordshire
- ☐ …Community midwife
- ☐ …GP
- ☐ …Screening questionnaire at 20 week ultrasound scan
- ☐ …Screening Women's Health Physiotherapy referral
- ☐ …Flyers or posters
- ☐ …Local radio/ newspaper or magazine
- ☐ …Internet
- ☐ …Not known
- ☐ …Other (please specify)..

	Yes	No
Is this woman eligible for further screening? (all un-shaded boxes must be ticked)..	☐	☐
If yes, is this woman interested in learning more about the EASE BACK study?...	☐	☐

Date:.................................

Name of Administrator/ Research Midwife or Nurse: ....

Part B: To be completed by the research midwife/ research nurse only:

Please ask:

13. Where exactly is your pain? ……………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
	(Is this eligible? (N.B. pain in the anterior pelvic region ONLY or symphysis pubis pain ONLY is not eligible))……	☐	☐
14.	Do you feel that your back pain has been caused by, or made worse because of your pregnancy?……	☐	☐
15.	Do you have an unusually high fear of needles? ……	☐	☐
16.	Do you currently have a diagnosed urine infection?……	☐	☐
17.	Have you had three or more consecutive miscarriages?……	☐	☐
18.	Do you have any abnormalities with your uterus?……	☐	☐

If yes provide details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
19.	Do you have known anti-phospholipid syndrome or lupus anticoagulant?...	☐	☐

If yes provide details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
20.	**Is this pregnancy classified as high risk,** based on questions 17-19, or for any other reason?……	☐	☐

If yes provide details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
21.	Have you previously given birth before 37 weeks? ……	☐	☐

If yes provide details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
22.	Have you got ruptured membranes? ……	☐	☐
23.	Have you got polyhydramnios (excess of amniotic fluid)?……	☐	☐
24.	Have you had any previous surgery to your uterine cervix?……	☐	☐

If yes provide details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
25.	Is there a **high risk of pre-term labour** based on questions 21-24, or for any other reason? ……	☐	☐

If yes provide details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

		Yes	No
26.	Have you been diagnosed with pre-eclampsia? ……	☐	☐

27. Have you had any previous surgery to your spine or pelvis? ………………. ☐ ☐

If yes provide details:

……

……

28. Do you have any problems with blood clotting?... ☐ ☐

If yes provide details:

……

……

29. Do you have any skin infections over your back, pelvis, legs or hands?...... ☐ ☐

If yes provide details:

……

……

30. Do you have any burns over your back, pelvis, legs or hands?.................. ☐ ☐

If yes provide details:

……

……

	Yes	**No**
Is this woman fully eligible to take part in the EASE BACK study? (all un-shaded boxes must be ticked)...	☐	☐
If yes, is this woman interested in taking part in the EASE BACK study?...	☐	☐

Where is the woman prepared to attend for physiotherapy (please tick all that apply):

☐ **…University Hospital of North Staffordshire**

☐ **…Community sites → Which sites would the woman be prefer to attend:**

- ☐ **…Cobridge Community Health Centre**
- ☐ **…Bentilee Health Centre**
- ☐ **…Bradwell Hospital (Chesterton)**

Date:..................................

Name of Administrator/ Research Midwife or Nurse: ....

Research Midwife/ Nurse Contact Record

FACE TO FACE RESEARCH MEETING

1. Appointment date and time: ………………………………………………………………………..

2. Name of Research Midwife/ Nurse: …………………………………………………………

3. Did the face to face meeting take place?

☐ **…Yes** ☐ **…No (if no please provide details in question 9)**

4. Appointment location (please tick one box):

☐ …EASE BACK Research Clinic

☐ …Within normal working hours at UHNS antenatal clinic

☐ …Home visit

5. Woman asked if meeting can be audio-recorded?

☐ **…Yes** ☐ **…No**

6. Consent provided for audio-recording?

☐ **…Yes** ☐ **…No**

7. Informed consent to take part in the pilot trial provided?

☐ **…Yes** ☐ **…No**

If yes, date of telephone randomisation: ……………………………………………………………

8. Baseline questionnaire completed?

☐ **…Yes** ☐ **…No**

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9. **If the face to face meeting did not take place please state the reason why:**

☐ …Woman did not attend with no further contact

☐ …Woman subsequently declined

☐ …Woman became ineligible

☐ …Other (please specify)………………………………………………………………………..

Study ID

Notes: