

PRIMARY CARE SCIENCES
ARTHRITIS RESEARCH UK PRIMARY CARE CENTRE

Appendix 19: Interview study (practitioner) personal profile

EASE BACK : Health care practitioner profile – interview study

Study number (to be completed by researcher):

Thank you for taking part in this research. Please complete this short questionnaire which will allow us to outline brief details of those who took part in the study. Please note that all information will be anonymised and it will not be possible to identify you personally.

1. Please give your qualifications and state the year(s) in which you qualified:

Qualification	Year

2. Are you Female Male

3. Do you work..... (Please tick one box only)

-Exclusively in the National Health Service (NHS)
-Exclusively in non-NHS settings
(e.g. private practice / hospital, education/research)
-In a combination of NHS and non-NHS settings

4. What is your current agenda for change banding? (Please tick one box only)

-Band 5
-Band 6
-Band 7
-Band 8a
-Band 8b or above
-Not applicable

5. How frequently do you see pregnant women with back pain?
(Please tick one box only)

-Infrequently; at most 1 in the last 6 months
-Somewhat frequently; between 2 to 5 in the last 6 months
-Frequently; at least 1 per month
-Very frequently; at least 1 per week

6. Do you have a clinical speciality/special interest?

Yes No

If yes, please state the **main one**.....

7. Have you received any **specific postgraduate training** around the area of **back pain in pregnancy**?

Yes No

Please provide any further details:

Study ID Number

Appendix 12: Interview study (women with back pain) personal profile

EASE BACK: Participant Profile

Study number (to be completed by researcher).....

Thank you for taking part in this research. Please complete this short questionnaire which will allow us to summarise the characteristics of the women who took part in the study. Please note that all information will be anonymised and it will not be possible to identify you personally.

1. Are you currently experiencing pregnancy related back pain? *(Please tick one box only)*

Yes

No

2. Does your pregnancy related back pain limit your activities in any way?
(Please tick one box only)

Yes

No

→ Please go to Question 4

3. If yes to question 2, in what way(s)?

.....
.....
.....
.....
.....

4. Have you previously experienced back pain which is not related to pregnancy?
(Please tick one box only)

Yes

No

→ Please go to Question 7

5. If yes to question 4, did this limit your activities in any way? *(Please tick one box only)*

Yes

No

→ Please go to Question 7

6. If yes to question 5, in what way(s)?

.....
.....
.....
.....

7. In very general terms, how would you rate your quality of life? Is it
(Please tick **one** box only)

-Very good
-Good
-Neither good nor poor
-Poor
-Very poor

8. Have you any children? (Please tick **one** box only)

Yes

No

→ Please go to question 11

9. If yes to question 8, how many children do you have?

10. What is your current employment status? (Please tick **one** box only)

- | | |
|--|--|
| <input type="checkbox"/>Employed | <input type="checkbox"/>Unemployed/seeking work |
| <input type="checkbox"/>Not working due to pregnancy related back pain | <input type="checkbox"/>Not working due to other health problems |
| <input type="checkbox"/>Housewife | <input type="checkbox"/>Other..... |

11. If working, what is your job title?
(for example – factory worker, administer, shop assistant, solicitor)

.....

12. If you are not working, what was your last job title?

.....

13. What is your date of birth?

		/			/		
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(for example, if you were born on the 5th June 1936, this would be entered as 05/06/36)

14. What is your current marital status? (*Please tick **one** box only*)

<input type="checkbox"/>	Married	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Separated	<input type="checkbox"/>	Cohabiting
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single

15. To which of these groups do you consider that you belong? (*Please tick **one** box only*):

<input type="checkbox"/>	English
<input type="checkbox"/>	Other British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other White
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Mixed (White and Black Caribbean)
<input type="checkbox"/>	Mixed (White and Black African)
<input type="checkbox"/>	Mixed (White and Asian)
<input type="checkbox"/>	Other mixed
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Other Black
<input type="checkbox"/>	Arab
<input type="checkbox"/>	Other

Thank you for completing this short questionnaire.

Study ID Number