Report Supplementary Material 14 Pre-treatment Form

THE UNIVERSITY of York

South Tees Hospitals NHS
NHS Foundation Trust

CONFIDENTIAL

United Kingdom Frozen Shoulder Trial (UK FROST)

Pre-treatment form

Please use a black or blue pen to complete the questionnaire.

There are no right or wrong answers – answer the questions as honestly as you can.

The responses you give will be treated in the utmost confidence.

Depending on the patient's treatment allocation the designated individual should ask the patient to complete this form on: the day when the steroid injection is given or the first day of their physiotherapy, whichever is the first to be delivered OR on the day of their operation. The form should be completed BEFORE treatment starts.

Participant ID Number: | | | | |

Date when questionnaire completed: | | | / | | | / | | | | |
day *month* *year*

Please return the completed form in the pre-paid envelope provided.

Section 1: PROBLEMS WITH YOUR SHOULDER

Please tick (✓) one box for every question.

1. During the past 4 weeks...

How would you describe the **worst** pain you had from your shoulder?

None	Mild	Moderate	Severe	Unbearable
☐	☐	☐	☐	☐

2. During the past 4 weeks...

Have you had any trouble dressing yourself because of your shoulder?

No trouble at all	A little bit of trouble	Moderate trouble	Extreme difficulty	Impossible to do
☐	☐	☐	☐	☐

3. During the past 4 weeks...

Have you had any trouble getting in and out of a car or using public transport because of your shoulder? (whichever you tend to use)

No trouble at all	A little bit of trouble	Moderate trouble	Extreme difficulty	Impossible to do
☐	☐	☐	☐	☐

4. During the past 4 weeks...

Have you been able to use a knife and fork - at the same time?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

5. During the past 4 weeks...

Could you do the household shopping on your own?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

6. During the past 4 weeks...

Could you carry a tray containing a plate of food across a room?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

7. During the past 4 weeks...

Could you brush/comb your hair with the affected arm?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

8. During the past 4 weeks...

How would you describe the pain you usually had from your shoulder?

None	Very mild	Mild	Moderate	Severe
☐	☐	☐	☐	☐

9. During the past 4 weeks...

Could you hang your clothes up in a wardrobe, using the affected arm?

Yes, easily	With little difficulty	With moderate difficulty	With great difficulty	No, impossible
☐	☐	☐	☐	☐

10. During the past 4 weeks...

Have you been able to wash and dry yourself under both arms?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

11. During the past 4 weeks...

How much has pain from your shoulder interfered with your usual work (including housework)?

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☐	☐

12. During the past 4 weeks...

Have you been troubled by pain from your shoulder in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☐	☐	☐

Please check back that you have answered each of the previous twelve questions and then continue with the rest of the questionnaire.

If you have any comments about your shoulder problem, your treatment, or this study please write them here.

***THANK YOU VERY MUCH* FOR COMPLETING THIS QUESTIONNAIRE**