



COPERS STUDY

Warwick
Medical School

COping with persistent **Pain**, **E**ffectiveness **R**esearch into **S**elf-management

BASELINE QUESTIONNAIRE

Confidential

Dear Participant.

The aim of this questionnaire is to find out your current health state and feelings about living with chronic pain before you participate in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team in London 020 7882 2546 or Warwick 024 7657 2905.

THANK YOU for being part of our study. We look forward to receiving your questionnaire.

COPERS Study Team

Section 1. ABOUT YOUR PAIN

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. How is your health in general? Please tick (✓) one

Very good

Good

Fair

Bad

Very bad

2. How long have you had your pain? Please tick (✓) one

0 – 3
months

4 – 12
months

13 months
– 2 years

3 – 4 years

5 – 6 years

7 - 10 years

More than
10 years

Participant ID No.:.....

Section 1. ABOUT YOUR PAIN continued...

3. How would you rate your pain on a 0-10 scale at the present time, that is right now, where 0 is 'no pain' and 10 is 'pain as bad as could be'?

Please tick (✓) one

No
pain

Pain as
bad as
could be

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the following questions with a scale of 0-10, please tick one number/box only.

4. In the past six months, how intense was your worst pain rated on a 0-10 scale where 0 is 'no pain' and 10 is 'pain as bad as could be'? Please tick (✓) one

No
pain

Pain as
bad as
could be

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In the past six months, on average, how intense was your pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'? (That is, your usual pain at times you were experiencing pain) Please tick (✓) one

No
pain

Pain as
bad as
could be

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of this pain?

Please tick (✓) one

0 – 6 days

7 – 14 days

15 – 30 days

31 or more days

Participant ID No.:.....

Section 2. QUALITY OF LIFE

Please tick which statements best describe your own health state today.

1. Mobility Please tick (✓) one

I have no problems walking about

I have some problems walking about

I am confined to bed

2. Self-care Please tick (✓) one

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 such as work, study, housework family or leisure

Please tick (✓) one

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 Please tick (✓) one

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

5. Anxiety/Depression Please tick (✓) one

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Participant ID No.:

Section 4. MOOD

Please read each item and tick the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or "wound up" Please tick (✓) one Most of the time <input type="checkbox"/> A lot of the time <input type="checkbox"/> From time to time, occasionally <input type="checkbox"/> Not at all <input type="checkbox"/>	2. I still enjoy the things I used to enjoy Please tick (✓) one Definitely as much <input type="checkbox"/> Not quite as much <input type="checkbox"/> Only a little <input type="checkbox"/> Hardly at all <input type="checkbox"/>
---	---

3. I get a sort of frightened feeling as if something awful is about to happen Please tick (✓) one Very definitely and quite badly <input type="checkbox"/> Yes, but not too badly <input type="checkbox"/> A little but it doesn't worry me <input type="checkbox"/> Not at all <input type="checkbox"/>	4. I can laugh and see the funny side of things Please tick (✓) one As much as I always could <input type="checkbox"/> Not quite so much now <input type="checkbox"/> Definitely not so much now <input type="checkbox"/> Not at all <input type="checkbox"/>
--	---

5. Worrying thoughts go through my mind Please tick (✓) one A great deal of the time <input type="checkbox"/> A lot of the time <input type="checkbox"/> From time to time but not too often <input type="checkbox"/> Only occasionally <input type="checkbox"/>	6. I feel cheerful Please tick (✓) one Not at all <input type="checkbox"/> Not often <input type="checkbox"/> Sometimes <input type="checkbox"/> Most of the time <input type="checkbox"/>
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Participant ID No.:

Section 4. MOOD continued ...

7. I can sit at ease and feel relaxed Please tick (✓) one	8. I feel as if I am slowed down Please tick (✓) one
Definitely <input type="checkbox"/>	Nearly all of the time <input type="checkbox"/>
Usually <input type="checkbox"/>	Very often <input type="checkbox"/>
Not often <input type="checkbox"/>	Sometimes <input type="checkbox"/>
Not at all <input type="checkbox"/>	Not at all <input type="checkbox"/>

9. I get a sort of frightened feeling like "butterflies" in the stomach Please tick (✓) one	10. I have lost interest in my appearance Please tick (✓) one
Not at all <input type="checkbox"/>	Definitely <input type="checkbox"/>
Occasionally <input type="checkbox"/>	I don't take as much care as I should <input type="checkbox"/>
Quite often <input type="checkbox"/>	I may not take quite as much care <input type="checkbox"/>
Very often <input type="checkbox"/>	I take just as much care as ever <input type="checkbox"/>

11. I feel restless as though I have to be on the move Please tick (✓) one	12. I look forward with enjoyment to things Please tick (✓) one
Very much indeed <input type="checkbox"/>	As much as I ever did <input type="checkbox"/>
Quite a lot <input type="checkbox"/>	Rather less than I used to <input type="checkbox"/>
Not very much <input type="checkbox"/>	Definitely less than I used to <input type="checkbox"/>
Not at all <input type="checkbox"/>	Hardly at all <input type="checkbox"/>

13. I get sudden feelings of panic Please tick (✓) one	14. I can enjoy a good book or radio or TV programme Please tick (✓) one
Very often indeed <input type="checkbox"/>	Often <input type="checkbox"/>
Quite often <input type="checkbox"/>	Sometimes <input type="checkbox"/>
Not very often <input type="checkbox"/>	Not often <input type="checkbox"/>
Not at all <input type="checkbox"/>	Very seldom <input type="checkbox"/>

Participant ID No.:.....

Section 6. SOCIAL LIFE

Below you will find a list of statements. Please indicate how strongly you agree or disagree with the following statements by ticking the response which best describes you now.

<p>1. I am doing interesting things in my life Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>	<p>2. Most days I am doing some of the things I really enjoy Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>
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<p>3. I try to make the most of my life Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>	<p>4. I have plans to do enjoyable things for myself over the next few days Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>
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<p>5. I feel like I am actively involved in life Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>

Participant ID No.:

Section 7. FURTHER DETAILS

1. Date of birth	2. NHS number
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You can find this number on your prescriptions

3. Gender Please tick (✓) one Male <input type="checkbox"/> Female <input type="checkbox"/>	4. Living arrangements Please tick (✓) one Alone <input type="checkbox"/> With others <input type="checkbox"/>
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5. Describe your English language fluency Please tick (✓) one Fluent <input type="checkbox"/> Good <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/>
--

6. What is your ethnic group? (please choose one section from A to E then tick one box to best describe your ethnic group or background)	
A. White Please tick (✓) one British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (write below) <input type="checkbox"/>	B. Black or Black British Please tick (✓) one Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background (write below) <input type="checkbox"/>
C. Asian or Asian British Please tick (✓) one Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (write below) <input type="checkbox"/>	D. Mixed Please tick (✓) one White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background (write below) <input type="checkbox"/>
E. Other ethnic group Please tick (✓) one Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Other ethnic group (write below) <input type="checkbox"/>	

Participant ID No.:

Section 7. FURTHER DETAILS continued ...

7. Which of the following best describes you? Please tick (✓) one

Employed (full or part time, including self employment)

Unemployed and looking for work

At school or in full time education

Unable to work due to long term sickness

Looking after your home/family

Retired from paid work

Other (please write below)

8. How old were you when you left full time education (e.g. school, college or university)? Please tick (✓) one

I did not receive a formal education

Age 12 or less

Age 13 to 16

Age 17 to 19

Age 20 or over

I am still in full time education

Other (please write below)

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

HEAD OFFICE: COPERS STUDY
CENTRE FOR PRIMARY CARE AND PUBLIC HEALTH, BLIZARD
INSTITUTE,
2 Newark Street, London, E1 2AT

Participant ID No.....



COPERS STUDY

COping with persistent **Pain**, **E**ffectiveness **R**esearch into **S**elf-
management

FOLLOW-UP QUESTIONNAIRE

AT 12 WEEKS

Confidential

Dear Participant.

The aim of this questionnaire is to find out your current feelings about living with chronic pain after you participated in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team on 020 7882 2546.

THANK YOU for being part of our study. We look forward to receiving your questionnaire.

COPERS Study Team

Section 1. CONFIDENCE continued ...

6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain Please tick (✓) one

Not confident

Completely confident

0	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I can cope with my pain without medication Please tick (✓) one

Not confident

Completely confident

0	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I can still accomplish most of my goals in life, despite the pain

Please tick (✓) one

Not confident

Completely confident

0	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. I can live a normal lifestyle, despite the pain Please tick (✓) one

Not confident

Completely confident

0	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I can gradually become more active despite the pain

Please tick (✓) one

Not confident

Completely confident

0	1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

HEAD OFFICE: COPERS STUDY
CENTRE FOR PRIMARY CARE AND PUBLIC HEALTH, BLIZARD
INSTITUTE,
2 Newark Street, London, E1 2AT

Participant ID No.:.....



COPERS STUDY

COping with persistent Pain, Effectiveness Research into Self-management

FOLLOW-UP QUESTIONNAIRE AT 6 MONTHS

Confidential

Dear Participant.

The aim of this questionnaire is to find out your current health state and feelings about living with chronic pain after you participated in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team on 020 7882 2546.

THANK YOU for being part of our study. We look forward to receiving your questionnaire.

COPERS Study Team

Section 1. ABOUT YOUR PAIN

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. How is your health in general?: Please tick (✓) one

Very good

Good

Fair

Bad

Very bad

Section 1. ABOUT YOUR PAIN continued...

For the following questions with a scale of 0-10, please tick one number only.

2. How would you rate your pain on a 0-10 scale at the present time that is, right now, where 0 is 'no pain' and 10 is 'pain as bad as could be'?

Please tick (✓) one

No pain										Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In the past six months, how intense was your worst pain rated on a 0-10 scale where 0 is 'no pain' and 10 is 'pain as bad as could be'? Please tick (✓) one

No pain										Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the past six months, on average, how intense was your pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'? (That is, your usual pain at times you were experiencing pain) Please tick (✓) one

No pain										Pain as bad as could be
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of this pain? Please tick (✓) one

0 – 6 days	<input type="checkbox"/>
7 – 14 days	<input type="checkbox"/>
15 – 30 days	<input type="checkbox"/>
31 or more days	<input type="checkbox"/>

Section 2. QUALITY OF LIFE

Please tick which statements best describe your own health state today

1. Mobility Please tick (✓) one

I have no problems in walking about

I have some problems in walking about

I am confined to bed

2. Self-care Please tick (✓) one

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 such as work, study, housework family or leisure

Please tick (✓) one

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 Please tick (✓) one

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

5. Anxiety/Depression Please tick (✓) one

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Section 3. CONFIDENCE

Please indicate how *confident* you are that you can do the following things at present, despite the pain, where 0 is 'not at all confident' and 6 is 'completely confident'.

** Remember, these questions are not asking whether or not you have been doing these things, but rather how confident you are that you could do them at present, despite the pain.

1. I can enjoy things, despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

2. I can do most household chores (e.g. tidying up, washing dishes etc), despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

3. I can socialise with my friends or family members as often as I used to, despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

4. I can cope with my pain in most situations Please tick (✓) one

Not confident

Completely confident

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) Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

Section 3. CONFIDENCE continued ...

6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

7. I can cope with my pain without medication Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

8. I can still accomplish most of my goals in life, despite the pain

Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

9. I can live a normal lifestyle, despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

10. I can gradually become more active despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

Section 4. MOOD

Please read each item and tick the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

<p>1. I feel tense or "wound up" Please tick (✓) one</p> <p>Most of the time <input type="checkbox"/></p> <p>A lot of the time <input type="checkbox"/></p> <p>From time to time, occasionally <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p>	<p>2. I still enjoy the things I used to enjoy Please tick (✓) one</p> <p>Definitely as much <input type="checkbox"/></p> <p>Not quite as much <input type="checkbox"/></p> <p>Only a little <input type="checkbox"/></p> <p>Hardly at all <input type="checkbox"/></p>
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<p>3. I get a sort of frightened feeling as if something awful is about to happen Please tick (✓) one</p> <p>Very definitely and quite badly <input type="checkbox"/></p> <p>Yes, but not too badly <input type="checkbox"/></p> <p>A little but it doesn't worry me <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p>	<p>4. I can laugh and see the funny side of things Please tick (✓) one</p> <p>As much as I always could <input type="checkbox"/></p> <p>Not quite so much now <input type="checkbox"/></p> <p>Definitely not so much now <input type="checkbox"/></p> <p>Not at all <input type="checkbox"/></p>
---	---

<p>5. Worrying thoughts go through my mind Please tick (✓) one</p> <p>A great deal of the time <input type="checkbox"/></p> <p>A lot of the time <input type="checkbox"/></p> <p>From time to time but not too often <input type="checkbox"/></p> <p>Only occasionally <input type="checkbox"/></p>	<p>6. I feel cheerful Please tick (✓) one</p> <p>Not at all <input type="checkbox"/></p> <p>Not often <input type="checkbox"/></p> <p>Sometimes <input type="checkbox"/></p> <p>Most of the time <input type="checkbox"/></p>
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Section 4. MOOD continued ...

7. I can sit at ease and feel relaxed

Please tick (✓) one

Definitely

Usually

Not often

Not at all

8. I feel as if I am slowed down

Please tick (✓) one

Nearly all of the time

Very often

Sometimes

Not at all

9. I get a sort of frightened feeling like "butterflies" in the stomach

Please tick (✓) one

Not at all

Occasionally

Quite often

Very often

10. I have lost interest in my appearance

Please tick (✓) one

Definitely

I don't take as much care as I should

I may not take quite as much care

I take just as much care as ever

11. I feel restless as though I have to be on the move

Please tick (✓) one

Very much indeed

Quite a lot

Not very much

Not at all

12. I look forward with enjoyment to things

Please tick (✓) one

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

13. I get sudden feelings of panic

Please tick (✓) one

Very often indeed

Quite often

Not very often

Not at all

14. I can enjoy a good book or radio or TV programme

Please tick (✓) one

Often

Sometimes

Not often

Very seldom

Section 5. COPING Continued...

8. There are many activities I do when I feel pain Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

9. I lead a full life even though I have chronic pain Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

10. Controlling pain is less important than other goals in my life Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

11. My thoughts and feelings about pain must change before I can take important steps in my life
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

12. Despite the pain, I am now sticking to a certain course in my life Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

13. Keeping my pain level under control takes first priority whenever I'm doing something
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

14. Before I can make any serious plans, I have to get some control over my pain
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

Section 5. COPING continued ...

15. When my pain increases, I can still take care of my responsibilities Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

16. I will have better control over my life if I can control my negative thoughts about pain
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

17. I avoid putting myself in situations where my pain might increase Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

18. My worries and fears about what pain will do to me are true Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

19. It's a relief to realise that I don't have to change my pain to get on with my life
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

20. I have to struggle to do things when I have pain Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

Section 6. SOCIAL LIFE

Below you will find a list of statements. Please indicate how strongly you agree or disagree with the following statements by ticking the response which best describes you now.

1. I am doing interesting things in my life Please tick (✓) one

Strongly disagree

Disagree

Agree

Strongly agree

2. Most days I am doing some of the things I really enjoy Please tick (✓) one

Strongly disagree

Disagree

Agree

Strongly agree

3. I try to make the most of my life Please tick (✓) one

Strongly disagree

Disagree

Agree

Strongly agree

4. I have plans to do enjoyable things for myself over the next few days Please tick (✓) one

Strongly disagree

Disagree

Agree

Strongly agree

5. I feel like I am actively involved in life Please tick (✓) one

Strongly disagree

Disagree

Agree

Strongly agree

Section 8. PRIVATE HEALTHCARE USE

These questions are about any PRIVATE healthcare use outside the NHS over the last 6 months for your chronic pain.

1. In the last 6 months how many times have you seen the following people privately for your pain?

	Number of visits
Private doctor	<input style="width: 50px; height: 25px;" type="text"/>
Private nurse	<input style="width: 50px; height: 25px;" type="text"/>
Private physiotherapist	<input style="width: 50px; height: 25px;" type="text"/>
Osteopath	<input style="width: 50px; height: 25px;" type="text"/>
Chiropractor	<input style="width: 50px; height: 25px;" type="text"/>
Acupuncturist	<input style="width: 50px; height: 25px;" type="text"/>
Other (please specify)	<input style="width: 50px; height: 25px;" type="text"/>
Other (please specify)	<input style="width: 50px; height: 25px;" type="text"/>

2. In the last 6 months, have you had any tests or treatments done privately?

For example, scans, x-rays, blood tests or injections etc.

	Number of tests
Description of test	
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>

3. In the last 6 months how much money have you spent on medicines for your pain?

For example, pain relief tablets, gels, homeopathic remedies etc.

	Amount £
Description	
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>

4. In the last 6 months have you bought any devices or disability aids for your pain?

For example, a TENS machine, walking stick, strapping, mobility scooters etc.

	Amount £
Description	
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>
	<input style="width: 50px; height: 25px;" type="text"/>

Section 8. PRIVATE HEALTHCARE USE continued ...

5. In the last 6 months, how many times have you been admitted for private hospital care and stayed overnight?

Reason and Duration	Number of nights
1) _____ _____	<input style="width: 50px; height: 25px;" type="text"/>

2) _____ _____	<input style="width: 50px; height: 25px;" type="text"/>

3) _____ _____	<input style="width: 50px; height: 25px;" type="text"/>

Comments _____	

6. In the last 6 months, how much money have you spent on any of the following because of your pain?

	£
Help at home For example, cleaning and cooking	<input style="width: 50px; height: 25px;" type="text"/>
Personal care For example, washing and dressing	<input style="width: 50px; height: 25px;" type="text"/>
Transport For example, taxis	<input style="width: 50px; height: 25px;" type="text"/>
Household maintenance For example, gardening and repairs	<input style="width: 50px; height: 25px;" type="text"/>
Other (please specify) _____	<input style="width: 50px; height: 25px;" type="text"/>

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

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**HEAD OFFICE: COPERS STUDY
CENTRE FOR PRIMARY CARE AND PUBLIC HEALTH, BLIZARD INSTITUTE,
2 Newark Street, London, E1 2AT**

Participant ID No.:



COPERS - COping with persistent Pain, Effectiveness Research in Self-management

FOLLOW UP QUESTIONNAIRE AT 12 MONTHS

Confidential

Dear Participant.

The aim of this questionnaire is find out your current health state and feelings about living with chronic pain after you participated in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team on 020 7882 2546.

Section 1. ABOUT YOUR PAIN

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. How is your health in general?: Please tick (✓) one				
Very good	Good	Fair	Bad	Very bad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 1. ABOUT YOUR PAIN continued...

For the following questions with a scale of 0-10, please tick one number only.

2. How would you rate your pain on a 0-10 scale at the present time, that is right now, where 0 is 'no pain' and 10 is 'pain as bad as could be'?

Please tick (✓) one

No pain							Pain as bad as could be			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In the past six months, how intense was your worst pain rated on a 0-10 scale where 0 is 'no pain' and 10 is 'pain as bad as could be'? Please tick (✓) one

No pain							Pain as bad as could be			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of this pain?

Please tick (✓) one

4. In the past six months, on average, how intense was your pain rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'? (That is, your usual pain at times you were experiencing pain) Please tick (✓) one

No pain							Pain as bad as could be			
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0 – 6 days

7 – 14 days

15 – 30 days

31 or more days

Section 2. QUALITY OF LIFE

Please tick which statements best describe your own health state today

1. Mobility Please tick (✓) one

I have no problems in walking about

I have some problems in walking about

I am confined to bed

2. Self-care Please tick (✓) one

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 such as work, study, housework family or leisure

Please tick (✓) one

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 Please tick (✓) one

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

5. Anxiety/Depression Please tick (✓) one

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed

Section 3. CONFIDENCE continued ...

6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

7. I can cope with my pain without medication Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

8. I can still accomplish most of my goals in life, despite the pain

Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

9. I can live a normal lifestyle, despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

10. I can gradually become more active despite the pain Please tick (✓) one

Not confident

Completely confident

0

1

2

3

4

5

6

Section 4. MOOD

Please read each item and tick the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

1. I feel tense or "wound up" Please tick (✓) one	2. I still enjoy the things I used to enjoy Please tick (✓) one
Most of the time <input type="checkbox"/>	Definitely as much <input type="checkbox"/>
A lot of the time <input type="checkbox"/>	Not quite as much <input type="checkbox"/>
From time to time, occasionally <input type="checkbox"/>	Only a little <input type="checkbox"/>
Not at all <input type="checkbox"/>	Hardly at all <input type="checkbox"/>

3. I get a sort of frightened feeling as if something awful is about to happen Please tick (✓) one	4. I can laugh and see the funny side of things Please tick (✓) one
Very definitely and quite badly <input type="checkbox"/>	As much as I always <input type="checkbox"/>
Yes, but not too badly <input type="checkbox"/>	could <input type="checkbox"/>
A little but it doesn't worry me <input type="checkbox"/>	Not quite so much now <input type="checkbox"/>
Not at all <input type="checkbox"/>	Definitely not so much now <input type="checkbox"/>
	Not at all <input type="checkbox"/>

5. Worrying thoughts go through my mind Please tick (✓) one	6. I feel cheerful Please tick (✓) one
A great deal of the time <input type="checkbox"/>	Not at all <input type="checkbox"/>
A lot of the time <input type="checkbox"/>	Not often <input type="checkbox"/>
From time to time but not too often <input type="checkbox"/>	Sometimes <input type="checkbox"/>
Only occasionally <input type="checkbox"/>	Most of the time <input type="checkbox"/>

Section 4. MOOD continued ...

7. I can sit at ease and feel relaxed

Please tick (✓) one

Definitely

Usually

Not often

Not at all

8. I feel as if I am slowed down

Please tick (✓) one

Nearly all of the time

Very often

Sometimes

Not at all

9. I get a sort of frightened feeling like "butterflies" in the stomach

Please tick (✓) one

Not at all

Occasionally

Quite often

Very often

10. I have lost interest in my appearance

Please tick (✓) one

Definitely

I don't take as much care as I should

I may not take quite as much care

I take just as much care as ever

11. I feel restless as though I have to be on the move

Please tick (✓) one

Very much indeed

Quite a lot

Not very much

Not at all

12. I look forward with enjoyment to things

Please tick (✓) one

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

13. I get sudden feelings of panic

Please tick (✓) one

Very often indeed

Quite often

Not very often

Not at all

14. I can enjoy a good book or radio or TV programme

Please tick (✓) one

Often

Sometimes

Not often

Very seldom

Section 5. COPING Continued...

8. There are many activities I do when I feel pain Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

9. I lead a full life even though I have chronic pain Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

10. Controlling pain is less important than other goals in my life Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

11. My thoughts and feelings about pain must change before I can take important steps in my life
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

12. Despite the pain, I am now sticking to a certain course in my life Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

13. Keeping my pain level under control takes first priority whenever I'm doing something
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

14. Before I can make any serious plans, I have to get some control over my pain
Please tick (✓) one

Never true

Always true

0

1

2

3

4

5

6

Section 6. SOCIAL LIFE

Below you will find a list of statements. Please indicate how strongly you agree or disagree with the following statements by ticking the response which best describes you now.

<p>1. I am doing interesting things in my life Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>	<p>2. Most days I am doing some of the things I really enjoy Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>
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<p>3. I try to make the most of my life Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>	<p>4. I have plans to do enjoyable things for myself over the next few days Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>
--	--

<p>5. I feel like I am actively involved in life Please tick (✓) one</p> <p>Strongly disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly agree <input type="checkbox"/></p>

Section 8. PRIVATE HEALTHCARE USE

These questions are about any PRIVATE healthcare use outside the NHS over the last 6 months for your chronic pain.

1. In the last 6 months how many times have you seen the following people privately for your pain?

	Number of visits
Private doctor	<input style="width: 50px; height: 25px;" type="text"/>
Private nurse	<input style="width: 50px; height: 25px;" type="text"/>
Private physiotherapist	<input style="width: 50px; height: 25px;" type="text"/>
Osteopath	<input style="width: 50px; height: 25px;" type="text"/>
Chiropractor	<input style="width: 50px; height: 25px;" type="text"/>
Acupuncturist	<input style="width: 50px; height: 25px;" type="text"/>
Other (please specify) _____	<input style="width: 50px; height: 25px;" type="text"/>
Other (please specify) _____	<input style="width: 50px; height: 25px;" type="text"/>

2. In the last 6 months, have you had any tests or treatments done privately?

For example, scans, x-rays, blood tests or injections etc.

	Number of tests
Description of test	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>

3. In the last 6 months how much money have you spent on medicines for your pain?

For example, pain relief tablets, gels, homeopathic remedies etc

	Amount £
Description	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>

4. In the last 6 months have you bought any devices or disability aids for your pain?

For example, a TENS machine, walking stick, strapping, mobility scooters etc

	Amount £
Description	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>
_____	<input style="width: 50px; height: 25px;" type="text"/>

Section 8. PRIVATE HEALTHCARE USE continued ...

5. In the last 6 months, how many times have you been admitted to hospital and stayed overnight?

Reason and Duration	Number of nights
1) _____ _____ _____	<input style="width: 50px; height: 25px;" type="text"/>
2) _____ _____ _____	<input style="width: 50px; height: 25px;" type="text"/>
3) _____ _____ _____	<input style="width: 50px; height: 25px;" type="text"/>
Comments _____	

6. In the last 6 months, how much money have you spent on any of the following because of your pain?

	£
Help at home For example, cleaning and cooking	<input style="width: 50px; height: 25px;" type="text"/>
Personal care For example, washing and dressing	<input style="width: 50px; height: 25px;" type="text"/>
Transport For example, taxis	<input style="width: 50px; height: 25px;" type="text"/>
Household maintenance For example, gardening and repairs	<input style="width: 50px; height: 25px;" type="text"/>
Other (please specify) _____ _____ _____ _____ _____ _____ _____	<input style="width: 50px; height: 25px;" type="text"/>

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