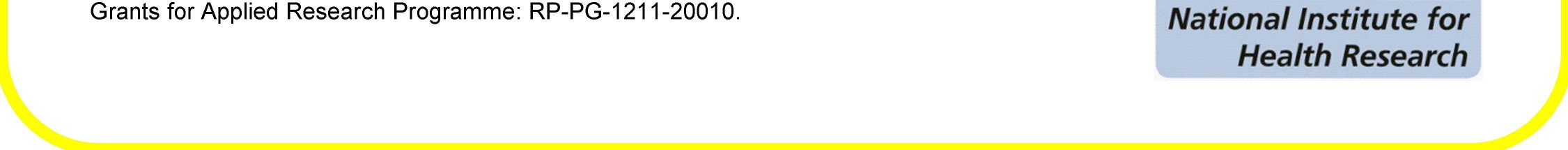
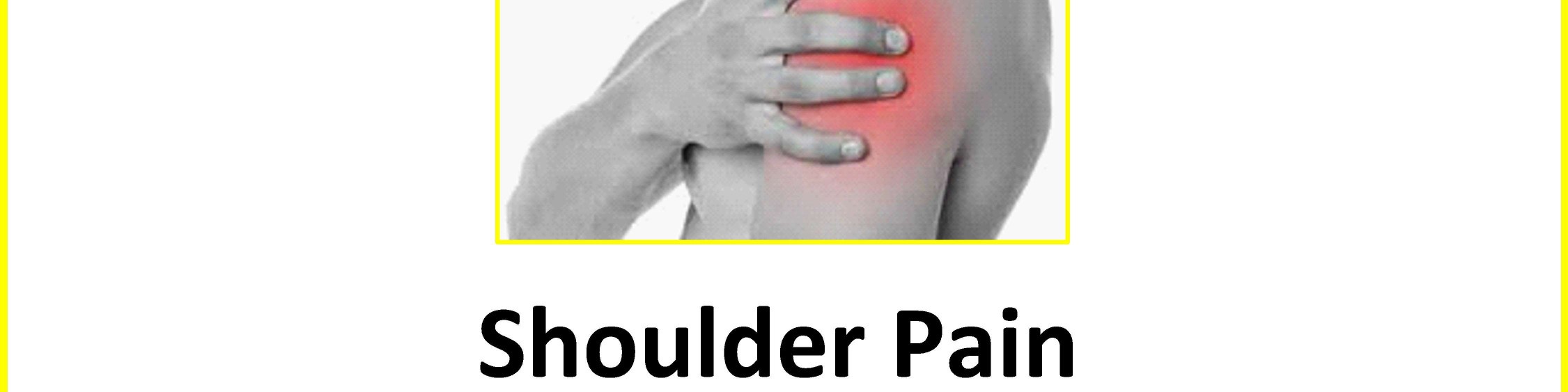
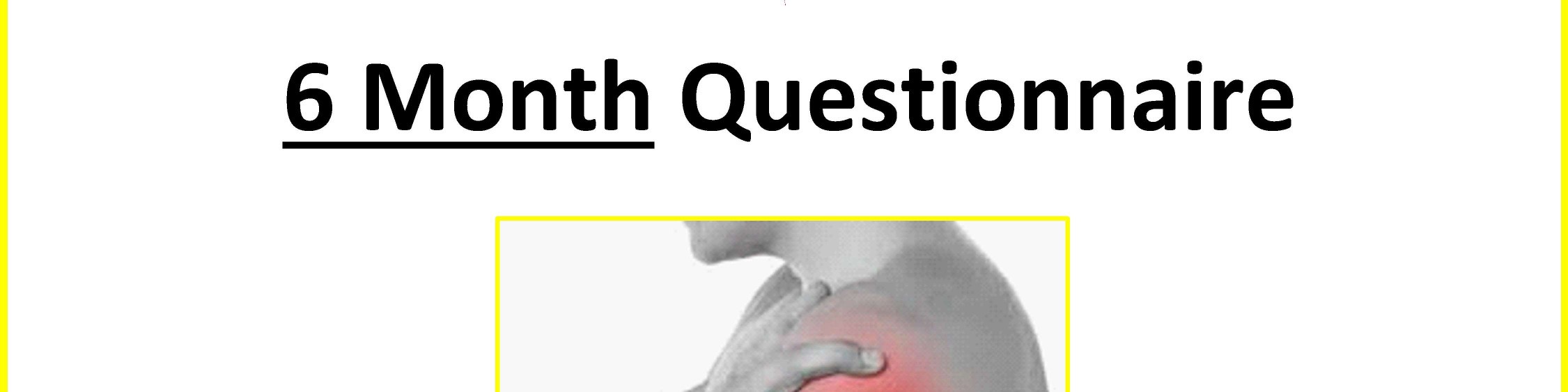
TeleForm ID



INSTRUCTIONS FOR THIS QUESTIONNAIRE

Please complete this questionnaire in BLACK pen and BLOCK CAPITALS

The aim of this questionnaire is to find out more about you and your shoulder pain.

There are no right or wrong answers and no one will be able to identify you from your responses.

Please answer all the questions unless the instructions ask you to do something else.

Most of the questions can be answered by putting a cross in a box next to or under your answer.

For example: how to answer a question if you don’t have any pain:

No Worst pain pain ever

0 1 2 3 4 5 6 7 8 9 10

If you have any questions, or need help completing this questionnaire, please telephone the TAPS Study Coordinator during office hours on 01782 732950 or email NSTCCG.TAPS@nhs.net.

Thank you for your help with this research study.

Please continue and fill in this questionnaire.

SECTION A ­ ABOUT YOUR PAIN

D D M M Y Y

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  | / | 2 | 0 |  |  |

Please enter TODAY'S DATE

The following questions are about the shoulder pain you visited your doctor about at your GP Practice around 6 months ago.

Thinking about your

shoulder pain

:

1)

Over the

last 2 weeks

, on average, how intense was your pain?

(Please cross one box)

0

1

2

3

4

5

6

7

8

9

10

No

pain

Worst pain

ever

2)

With respect to your

shoulder pain

, how would you describe yourself now compared to

how it was when you saw your doctor

around 6 months ago

?

Put a cross in the box

that best describes your

shoulder pain

now:

Very much

worse

Unchanged

Completely

recovered

­5

­4

­3

­2

­1

0

1

2

3

4

5

3)

How satisfied are you with the care you have received for your

shoulder pain

in the

last

few months

?

(

Please cross one box

)

No opinion

Very satisfied

Quite satisfied

Not very satisfied

Not at all satisfied

4)

In the

last week

, on how many days did you do at least moderate physical activities like

gardening, bicycling at a regular pace, swimming or other fitness activities?

(

Please cross one box

)

0

days

1

day

2

days

3

days

4

days

5

days

6

days

7

days

Please put a cross in the box under the number that best describes the question being asked.

a) How severe is your shoulder pain?

No pain

at all

Worst pain

imaginable

1

2

3

4

5

6

7

8

9

10

i. At its worst?.................................................

ii. When lying on the involved side?..............

iii. Reaching for something on a high shelf?..

iv. Touching the back of your neck?...............

v. Pushing with the involved arm?.................

0

(

1995)

SPADI; Williams et al

10

b) How much difficulty do you have?

No

difficulty

So difficult it

requires help

1

2

3

4

5

6

7

8

9

i. Washing your hair?......................................

ii. Washing your back?....................................

iii. Putting on an undershirt or pullover

sweater?....................................................

iv. Putting on a shirt that buttons down

the front?...................................................

v.

Putting on your trousers/skirt?.................

vi.

Placing an object on a high shelf?.............

vii.Carrying a heavy object of 10 pounds?.....

viii. Removing something from your back

pocket?....................................................

0

Please continue to think about your shoulder pain. For each question cross one box to indicate which statement best describes you over the last 2 weeks.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a) Pain/stiffness during the day How severe was your usual joint or muscle pain and/or stiffness overall during the day in the last 2 weeks? | Not at all | Slightly | Moderately | Fairly severe | Very severe |
| b) Pain/stiffness at night  How severe was your usual joint or muscle pain and/or stiffness overall during the night in the last 2 weeks? | Not at all | Slightly | Moderately | Fairly severe | Very severe |
| c) Walking  How much have your symptoms  interfered with your ability to walk in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Unable to walk |
| d) Washing/Dressing  How much have your symptoms  interfered with your ability to wash or dress yourself in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Unable to wash or dress myself |
| e) Physical activity levels  How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks? | Not at all | Slightly | Moderately | Very much | Unable to do physical activities |
| f) Work/daily routine How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work & jobs around the house)? | Not at all | Slightly | Moderately | Severely | Extremely |
| g) Social activities and hobbies How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Extremely |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| h) Needing help  How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks? | Not at all | Rarely | Sometimes | Frequently | All the time |
| i) Sleep  How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks? | Not at all | Rarely | Sometimes | Frequently | Every night |
| j) Fatigue or low energy  How much fatigue or low energy have you felt in the last 2 weeks? | Not at all | Slight | Moderate | Severe | Extreme |
| k) Emotional well­being  How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks? | Not at all | Slightly | Moderately | Severely | Extremely |
| l) Understanding of condition and any current treatment  Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)? | Completely | Very Well | Moderately | Slightly | Not at all |
| m) Confidence in being able to manage your symptoms  How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)? | Extremely | Very | Moderately | Slightly | Not at all |
| n) Overall impact  How much have your joint or muscle symptoms bothered you overall in the last 2 weeks ? | Not at all | Slightly | Moderately | Very much | Extremely  (MSK­HQ;  Hill, J.K. et al. 2016) |

For questions a­j, think about just the last 2 weeks (Please cross one box on each row).

|  |  |
| --- | --- |
| a) Pain intensity  On average, how intense was your pain? (0 is 'no pain', 10 is 'pain as bad as it could be').  0 1 2 3 4 5 6 7 8 9 10 | |
|  | Yes No |
| b) Pain self­management  Have you felt completely unable to manage or control this pain by yourself?  (e.g. using medication or exercises etc.) |  |
| c) Pain impact  Over the last 2 weeks, have you been extremely bothered by your pain? |  |
| d) Walking short distances only  Have you only been able to walk short distances because of your pain? |  |
| e) Pain elsewhere  Are you having troublesome pain in more than one part of your body? |  |
| f) Long­term expectations  Are you concerned you're developing a long­term problem? |  |
| g) Other important health problems  Are you also having to deal with other important health problems at present? |  |
| h) Emotional well­being  Have you felt really anxious or low in your mood because of your pain? |  |
| i) Fear of harm  Are you very worried that physical activity might harm you? |  |
| j) Pain duration  Have you had your current pain problem for 6 months or more?  (The Keele STarT MSK Tool: Clinical Version) |  |

SECTION B - ABOUT YOUR GENERAL HEALTH

Under each heading, please cross the ONE box that best describes your health TODAY.

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ANXIETY/DEPRESSION

I am not anxious or depressed

I am slightly anxious or depressed

I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

PAIN/DISCOMFORT

I have no pain or discomfort

I have slight pain or discomfort

I have moderate pain or discomfort

I have severe pain or discomfort

I have extreme pain or discomfort

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

SELF-CARE

I have no problems washing or dressing myself

I have slight problems washing or dressing myself

I have moderate problems washing or dressing myself

I have severe problems washing or dressing myself

I am unable to wash or dress myself

MOBILITY

I have no problems in walking about

I have slight problems in walking about

I have moderate problems in walking about

I have severe problems in walking about

I am unable to walk about

|  |  |  |
| --- | --- | --- |
| Please cross one box for each question below | Yes | No |
| a) Do you often feel unsure about how to manage your pain condition? |  |  |
| b) Have you had troublesome joint or muscle pain in more than one part of your body? |  |  |
| c) Do you think your condition will last a long time? |  |  |
| d) Do you have other important health problems? |  |  |
| e) Has pain made you feel down or depressed in the last two weeks? |  |  |
| f) Do you feel it is unsafe for a person with a condition like yours to be physically  active? (The Keele STarT MSK Tool: Self­report Version) |  |  |

This is a list of phrases which other patients have used to express how they view their condition. Please put a cross in the box that best describes how you feel about each statement (please cross one box on each row).

|  |  |  |
| --- | --- | --- |
|  | Strongly Disagree | Somewhat Somewhat Strongly Disagree Agree Agree |
| a) I'm afraid I might injure myself if I exercise |  |  |
| b) If I were to try to overcome it, my pain would increase |  |  |
| c) My body is telling me I have something dangerously wrong |  |  |
| d) People aren't taking my medical condition seriously enough |  |  |
| e) My accident/problem has put my body at  risk for the rest of my life |  |  |
| f) Pain always means I have injured my body |  |  |
| g) Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening |  |  |
| h) I wouldn't have this much pain if there wasn't something potentially dangerous going on in my body |  |  |
| i) Pain lets me know when to stop exercising so that I don't injure myself |  |  |
| j) I can't do all the things normal people do because it's too easy for me to get injured |  |  |
| k) No one should have to exercise when he/she is in pain |  | (adapted from TSK­11; Woby et al. 2005) |

For these questions think about just the last two weeks.

SECTION C - ABOUT YOU & YOUR HEALTH

During the last 6 months, have you been to see any health care professionals for your shoulder pain condition, either at your GP practice, in other NHS services or private

care? Visits for specific investigations or treatments (e.g. x­rays, surgery) are covered in question 2 below.

Yes Please complete the table below to give us some details.

No Please go to Question 2 below.

Please write in the number of times you have seen each health care professional in the last 6 months for your pain condition.

General

Health care professional NHS Private

Practice

e.g. Physiotherapist......................................................................... 0 1 0 3 0 0

GP....................................................................................................

Nurse................................................................................................

Consultant / specialist / hospital doctor (outpatient clinic)...........

Physiotherapist................................................................................

Acupuncturist..................................................................................

Osteopath / Chiropractor................................................................

Other (please specify)

Other (please specify)

In the last 6 months, have you attended an NHS or private hospital for any investigations or treatments (e.g. x­ray, MRI scan, surgery, epidural injection) related to your shoulder pain condition? Please do not include any initial appointments reported in question 1 of this section.

Yes Please complete the table below to give us some details.

No Please go to Question 3 on the next page.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Treatment or investigation | Reason for attendance | Number investigatio treatments i | | | of  ns or n NHS | Number of investigations or treatments in private  practice | | | |
| e.g. x­ray | shoulder pain |  | 0 | 1 |  |  | 0 | 1 |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

In the last 6 months, have you stayed overnight as an inpatient in an NHS or private hospital for your shoulder pain condition?

Yes Please complete the table below to give us some details.

No Please go to Question 4 below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reason for inpatient stay | Number of in NHS hos | | | days pital | Number of days in private hospital | | | |
| e.g. shoulder surgery |  | 0 | 7 |  |  | 0 | 0 |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

4)

Are you currently in paid employment (full­time or part­time)?

(

Please cross one box

)

Yes

No

Please go to

Question 5

.

If not in paid employment please go to

Page 12

.

5)

On average to what extent has your

shoulder pain

or related problem affected your

performance at work over the past

6

months

?

)

Please cross one box

(

0

1

2

3

4

5

6

7

8

9

10

Not at all

So bad I am unable

to do my job

6)

Have you taken time off work in the last

months

6

because of your

shoulder pain?

)

Please cross one box

(

Yes

No

Please see below.

If yes, please write the number of days, weeks or months you were off work due to your

shoulder

pain

in the last

6

months

.

Months

Weeks

Days

Thank you for completing this questionnaire.

Please check that you have answered all the relevant questions.

You have now completed the Keele TAPS study. We are very grateful for your help in this research study.

Please return your questionnaire in the pre­paid envelope provided (you do not need a stamp).

If you have any questions or need further information please contact the TAPS Study Coordinator during office hours on 01782 732950 or email NSTCCG.TAPS@nhs.net.

Study ID