Monthly Postal Survey

TeleForm ID



43212



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

D D M M Y Y Please enter TODAY'S DATE

Thank you for agreeing to the Keele TAPS study about your pain. Please complete your 3 short questions below to let us know how you are doing now.

For each question please give a number from 0 to 10 by crossing the relevant box.

TAPS monthly pain questions…

How confident have you felt about managing your pain by yourself (e.g. medication,

3)

changing lifestyle)?

Please cross one box

(

)

0

1

2

3

4

5

6

7

8

9

10

Not at all

confident

Extremely

confident

2)

Over the

last 2 weeks

, on average, how much distress have you been experiencing

because of your pain?

(

)

Please cross one box

0

1

2

3

4

5

6

7

8

9

10

No

distress

Extreme

Distress

Over the

1)

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

DATE OF BIRTH

D D M M Y Y Y Y

/

/

Thank you. Each month for a 6 month period we will send you these 3 questions. If you have any questions about the study or need further information please contact the TAPS

Study Coordinator during office hours on 01782 732950 or email NSTCCG.TAPS@nhs.net.

Please return this completed questionnaire in the pre-paid envelope provided (you do not need a stamp) and post back to us.

Thank you for your help with this research study.

|  |  |
| --- | --- |
|  |  |

The Treatment for Aches and Pain Study (TAPS) is funded by the Programme Grants for Applied Research Programme: RP-PG-1211-20010.

IRAS ref: 186079



TAPS Main Trial Monthly Postal Survey Generic v1.1 02Feb2018

Study ID

43212

For Office Use Only:

Data Entry

DB Logged

Logged 1

Quality Checked

Select the appropriate monthly stage (please cross one box):

Month 1

Month 2

Month 3

Month 4

Month 5

Month 6

Month 1

Reminder

Month 2

Reminder

Month 3

Reminder

Month 4

Reminder

Month 5

Reminder

Month 6

Reminder

TAPS Main Trial Monthly Postal Survey Generic v1.1 02Feb2018

IRAS ref: 186079

Short Questionnaire

43548



TeleForm ID

D D M M Y Y

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

Please enter TODAY'S DATE

The following questions are about the pain you visited your doctor with approximately 6 months ago.

In the

1)

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

TODAY.

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 turn over...

TAPS Main Trial Short Questionnaire Generic v1.1 02Feb2018

IRAS ref: 186079 1

43548 TeleForm ID

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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

D D M M Y Y Y Y

DATE OF BIRTH

/

/

Thank you very much for filling in this short questionnaire.

Please return this completed questionnaire in the pre-paid envelope provided (you do not need a stamp) and post it back to us.

The Treatment for Aches and Pain Study (TAPS) is funded by the Programme Grants for Applied Research Programme:



RP-PG-1211-20010.

|  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | For Office Use Only: |  |  |  | | Logged 1 | DB Logged | Data Entry | Quality Checked | | |  |  | | --- | --- | |  |  | |

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