## Workpackage 1 Keele Aches and Pains Study (KAPS questionnaires)

### KAPS Baseline questionnaire



Diagram, shape

Description automatically generated

Questionnaire

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**INSTRUCTIONS FOR THIS QUESTIONNAIRE**

Please can you answer **all** the questions, even if you feel that they do not apply to you. Questions are arranged in sections asking about your aches, pain or stiffness (**your pain condition**), your feelings about pain, your general health, and general questions about you. Some questions may look like others, but they tell us different things, so please fill them in anyway. Please take the time to read and answer each question carefully.

Most of the questions can be answered by putting a **cross** in a box next to or under your answer. For example, if you wish to answer ‘Not at all’, **cross** the box like this:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not at all | | | | | Slightly | | | | | Moderately | | | | | Very much | | | | | Extremely | | | | |
|  |  |  | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

Or indicating Yes or No, again place a **cross** in the box next to your answer

|  |  |
| --- | --- |
| Yes….. | No….. |

Here is another example: how to answer a question if you **don’t** have any pain:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No pain | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | Pain as bad as could be | | | | | | |
|  | 0 | | | 1 | | | 2 | | | 3 | | | 4 | | | 5 | | | 6 | | | 7 | | | 8 | | | 9 | | | 10 | | |
|  |  | **X** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Here is an example of how to answer a question if you are **completely confident**:

|  |  |
| --- | --- |
| Not at all  confident | Completely  confident |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

**Now please continue and fill in this questionnaire**

**Section A**

The following questions are about the aches, pain or stiffness **you visited your doctor or nurse about in the last week or so.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1) When you recently visited your GP practice, **which part of your body** did you consult about?*(Please cross one box)* | | | | | | | | |
|  |  | | | | | | |
| Neck…………… | |  | Back……………… | | |  |  |
|  |  | | | | | | |
| Shoulder……… | |  | Knee……………… | | |  |  |
|  |  | | | | | | |
| Pain in more than one part of the body…… | | | |  |  | | |

Thinking about the pain condition you answered above…

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 cross one box)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No pain | |  | |  | |  | |  | |  | |  | |  | |  | Pain as bad as could be | | |
|  | 0 | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | | 9 | 10 |
|  |  |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |

3) Overall, **how bothersome has your pain been** in the **last 2 weeks**?   
 *(Please cross one box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Slightly | Moderately | Very much | Extremely |
|  |  |  |  |  |

4) Are you currently taking prescribed or “over the counter” medication (e.g. pain killers, anti-inflammatory drugs, creams, sprays) to help your pain condition?

|  |  |
| --- | --- |
| Yes….. | No….. |

5) Please think about your pain condition over the **last 2 weeks**, as you answer these questions. *(Please cross one box on each row)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a) In the last 2 weeks, have you had pain in more than one part of your body? |  |  |
| b) In the last 2 weeks, have you only been able to walk short distances because of your pain? |  |  |
| c) In the last 2 weeks, have you had to dress more slowly than usual because of your pain? |  |  |
| d) In the last 2 weeks, has your most painful area been in your arm (hand, wrist, elbow or shoulder)? |  |  |
| e) Do you feel it is unsafe for a person with a condition like yours to be physically active? |  |  |
| f) Have you had worrying thoughts about your pain a lot of the time in the last 2 weeks? |  |  |
| g) Do you feel that your pain is terrible and it’s never going to get any better? (*yes to both*) |  |  |
| h) In the last 2 weeks, have you stopped enjoying all the things you usually enjoy because of your pain? |  |  |
| i) Have you felt worn out or lacking in energy in the last 2 weeks? |  |  |
| j) Has your pain made you feel down or depressed in the last 2 weeks? |  |  |
| k) In the last 2 weeks have you been bothered a lot by your pain? |  |  |
| l) Do you have any other important health problems? |  |  |

6) Please think about your pain condition over the **last 2 weeks**, as you answer the following questions. *(Please cross one box on each row)*

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a) Has your pain interfered a lot with your daily activities in the last 2 weeks? |  |  |
| b) In the last 2 weeks, has your pain stopped you from leading a normal life? |  |  |
| c) Do you often feel unsure about how to manage your pain condition? |  |  |
| d) Do you think your pain condition will last a long time? |  |  |
| e) In the last 2 weeks, have you had trouble falling asleep because of your pain? |  |  |
| f) Do you feel your pain is never going to get any better? |  |  |
| g) Have you ever had treatment for this pain condition that did not help? |  |  |
| h) Do you feel that there is nothing you or anyone else can do to help your pain condition? |  |  |
| i) In the last 2 weeks have you had troublesome joint or muscle pain in more than one part of your body? |  |  |
| j) Does your pain stop you from reaching most of your goals in life? |  |  |
| k) Do you often feel unable to cope with your pain? |  |  |
| l) Do you feel you might hurt or harm yourself if you are physically active? |  |  |
| m) Has your pain had a bad or negative effect on any of your close relationships? |  |  |
| n) Do you feel your pain is terrible? |  |  |
| o) Have you had trouble staying asleep because of your pain in the last 2 weeks? |  |  |

7) In the **last 2 weeks**, on **average**, how intense was your **usual** pain rated on a 0-10 scale, where 0 is ‘no pain’ and 10 is ‘pain as bad as could be’?

*(Please cross one box)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No pain | |  | |  | |  | |  | |  | |  | |  | |  | Pain as bad as could be | | |
|  | 0 | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | | 9 | 10 |
|  |  |  | |  | |  | |  | |  | |  | |  | |  | | |  |  |

8) In the **last 2 weeks**, how intense was your **least** painful pain rated on a 0-10 scale where 0 is ‘no pain’ and 10 is ‘pain as bad as could be’?

*(Please cross one box)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No pain | |  | |  | |  | |  | |  | |  | |  | |  |  | Pain as bad as could be | | |
|  | 0 | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | | | 9 | 10 |
|  |  |  | |  | |  | |  | |  | |  | |  | |  | | | |  |  |

The following two questions describe some things that other people have told us about their pain. For each statement, *cross one box* next to the number from 0 to 10 to say how much you agree or disagree.

9) An increase in pain is an indication that I should stop what I’m doing until the pain decreases.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Completely  disagree | | | | | |  | |  | |  | | Completely  agree | | | |
|  | 0 | 1 | 2 | 3 | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  |  |  | |  | |  | |  | |  |  |  |

10) I should not do my normal work with my present pain (“Work” includes paid, unpaid and housework).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Completely  disagree | | | | | |  | |  | |  | | Completely  agree | | | |
|  | 0 | 1 | 2 | 3 | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  |  |  | |  | |  | |  | |  |  |  |

11) How long is it since you had a **whole** **month** **without** any pain?

*(You do not need to be exact, please cross the box nearest to your answer)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Less than 3 months | 3 to 6 months | 7 to 12 months | 1 to 2 years | 3 to 5 years | 6 to 10 years | Over 10 years |
|  |  |  |  |  |  |  |

12) Below are some pictures and descriptions of how some peoples’ pain can change over time. Please look at these and please **cross one box** next to the option that you think comes closest to how your pain condition has been **over the last year**.

(*Please cross one box only)*

|  |  |  |  |
| --- | --- | --- | --- |
| a) |  | A single episode with no other major episodes of pain |  |
|  | | | |
| b) |  | A few episodes of pain, with mostly pain-free periods in between |  |
|  | | | |
| c) |  | Some pain most of the time, and a few episodes of severe pain |  |
|  | | | |
| d) |  | Pain that goes up and down all the time, with episodes of severe pain |  |
|  | | | |
| e) |  | Severe pain all or nearly all of the time |  |

13) For these questions, please think about your pain condition over the last 7 days. (*Please cross one box for each question*).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a) How much did this pain interfere with your enjoyment of life? | | | | |
|  |  |  |  |  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| b) How much did this pain interfere with your ability to concentrate? | | | | |
|  |  |  |  |  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| c) How much did this pain interfere with your day to day activities? | | | | |
|  |  |  |  |  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| d) How much did this pain interfere with doing tasks away from home (e.g. getting groceries, running errands)? | | | | |
|  |  |  |  |  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| e) How much did this pain interfere with your enjoyment of recreational activities? | | | | |
|  |  |  |  |  |
| Not at all | A little bit | Somewhat | Quite a bit | Very much |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| f) How often did this pain keep you from socialising with others? | | | | |
|  |  |  |  |  |
| Never | Rarely | Sometimes | Often | Always |
|  |  |  |  |  |

14) How long have you had your current pain problem?

*(Please cross one box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 0 to 1 week | 1 to 2 weeks | 3 to 4 weeks | 4 to 5 weeks | 6 to 8 weeks |
|  |  |  |  |  |
|  |  |  |  |  |
| 9 to 11 weeks | 3 to 6 months | 6 to 9 months | 9 to 12 months | Over 1 year |
|  |  |  |  |  |

15) How would you rate the pain you have had during the **past week**?

*(Please cross one box)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No pain | |  | |  | |  | |  | |  | |  | |  | | Pain as bad  as could be | | |
|  | 0 | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | 10 |
|  |  |  | |  | |  | |  | |  | |  | |  | |  | |  |  |

16) Please cross the box next to the number that best describes your current ability to participate in each of these activities:

a) I can do light work for an hour. *(Please cross one box)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Can’t do it because of pain problem | | | |  | |  | |  | |  | | Can do it without pain being a problem | | | |
|  | 0 | 1 | 2 | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  |  | |  | |  | |  | |  | |  |  |  |

b) I can sleep at night. *(Please cross one box)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Can’t do it because of pain problem | | | |  | |  | |  | |  | | Can do it without pain being a problem | | | |
|  | 0 | 1 | 2 | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  |  | |  | |  | |  | |  | |  |  |  |

Please cross one box for each of the following questions.

17) How tense or anxious have you felt in the past week?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Absolutely calm and relaxed | | |  | | |  | |  | |  | | As tense and anxious as I have ever been | | | |
|  | 0 | 1 | 2 | | 3 | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  | |  |  | |  | |  | |  | |  |  |  |

18) How much have you been bothered by feeling depressed?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not at all | | | | | |  | |  | |  | | Extremely | | | |
|  | 0 | 1 | 2 | 3 | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  |  |  | |  | |  | |  | |  |  |  |

19) In your view, how large is the risk that your current pain may become persistent?

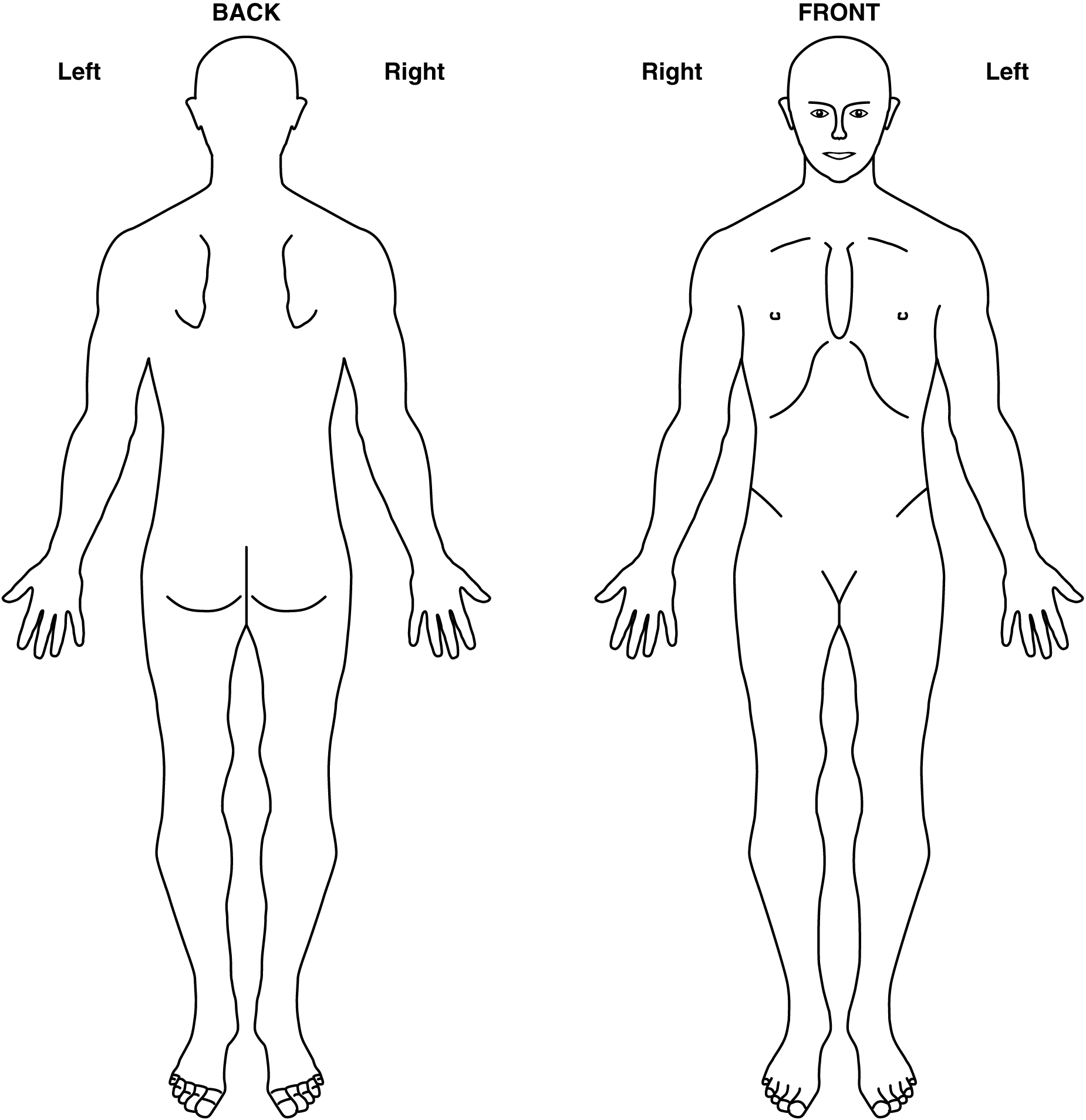
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No  risk | |  | | | |  | |  | |  | | Very large  risk | | | |
|  | 0 | 1 | | 2 | 3 | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  | |  |  |  | |  | |  | |  | |  |  |  |

20) In your estimation, what are the chances you will be working your normal duties in 3 months? “Work” includes paid, unpaid and housework.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No  chance | | | | | |  | |  | |  | | Very large  chance | | | |
|  | 0 | 1 | 2 | 3 | 4 | | 5 | | 6 | | 7 | | 8 | 9 | 10 |
|  |  |  |  |  |  | |  | |  | |  | |  |  |  |

**Section B**

1) This question is about **any** aches, pain or stiffness you may have in your body. Please *shade in the picture* below to show the areas in your body where you feel aches, pain or stiffness in the **past 4 weeks**. Please **do not** include pain that is due to feverish illnesses such as flu or period pain.



**Section C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1) In general, would you say your health is: *(Please cross one box)* | | | | |
| Excellent | Very Good | Good | Fair | Poor |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2) Compared to one year ago, how would you rate your health in general **now**?  *(Please cross one box)* | | | | |
| Much better now than one year ago | Somewhat better now than one year ago | About the same as one year ago | Somewhat worse now than one year ago | Much worse now than one year ago |
|  |  |  |  |  |

3) The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?   
 *(Please cross one box on each line)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes, limited a lot | Yes, limited a little | No, not limited at all |
| a) **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports. |  |  |  |
| b) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, playing golf. |  |  |  |
| c) Lifting or carrying groceries. |  |  |  |
| d) Climbing **several** flights of stairs. |  |  |  |
| e) Climbing **one** flight of stairs. |  |  |  |
| f)Bending, kneeling or stooping. |  |  |  |
| g)Walking **more than a mile**. |  |  |  |
| h) Walking **several hundred yards**. |  |  |  |
| i) Walking **one hundred yards**. |  |  |  |
| j) Bathing or dressing yourself. |  |  |  |

4) During the **past four weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

*(Please cross one box on each line)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a) Cut down on the **amount of time** you spent on work or other activities |  |  |  |  |  |
| b) **Accomplished less** than you would like |  |  |  |  |  |
| c) Were limited in the **kind** of work or other activities |  |  |  |  |  |
| d) **Had difficulty** performing the work or other activities (for example, it took extra effort) |  |  |  |  |  |

5) During the **past four weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

*(Please cross one box on each line)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a) Cut down on the **amount of time** you spent on work or other activities |  |  |  |  |  |
| b) **Accomplished less** than you would like |  |  |  |  |  |
| c) Did work or other activities **less carefully than usual** |  |  |  |  |  |

*Please cross one box for each of the following questions.*

6) During the **past four weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Slightly | Moderately | Quite a bit | Extremely |
|  |  |  |  |  |

7) How much **bodily** pain have you had during the **past four weeks**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None | Very mild | Mild | Moderate | Severe | Very severe |
|  |  |  |  |  |  |

8) During the past **four weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
|  |  |  |  |  |

9) During the **past four weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|  |  |  |  |  |

10) These questions are about how you feel and how things have been with you **during the past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

*(Please cross one box on each line)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How much time **during the past four weeks**… | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| a) Did you feel full of life? |  |  |  |  |  |
| b) Have you been very nervous? |  |  |  |  |  |
| c) Have you felt so down in the dumps that nothing could cheer you up? |  |  |  |  |  |
| d) Have you felt calm and peaceful? |  |  |  |  |  |
| e) Did you have a lot of energy? |  |  |  |  |  |
| f) Have you felt downhearted and depressed? |  |  |  |  |  |
| g) Did you feel worn out? |  |  |  |  |  |
| h) Have you been happy? |  |  |  |  |  |
| i) Did you feel tired? |  |  |  |  |  |

11) How TRUE or FALSE is **each** of the following statements for you?

*(Please cross one box on each line)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Definitely true | Mostly true | Don’t know | Mostly false | Definitely false |
| a) I seem to get sick a little easier than other people |  |  |  |  |  |
| b) I am as healthy as anybody I know |  |  |  |  |  |
| c) I expect my health to get worse |  |  |  |  |  |
| d) My health is excellent |  |  |  |  |  |

12) This question is about your **sleep patterns** over the **last four weeks**.   
 (*Please cross one box on each line*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Over the last four weeks did you…** |  |  |  |
|  | Not at all | On some nights | On most nights |
| a) Have trouble falling asleep? |  |  |  |
| b) Wake up several times in the night? |  |  |  |
| c) Have trouble staying asleep? |  |  |  |
| d) Wake up after your usual sleep feeling tired and worn out? |  |  |  |

13) What long term medical conditions do you have?

(*Please cross all boxes that apply*)

|  |  |
| --- | --- |
| Diabetes |  |
| Breathing problems / Chronic Pulmonary Obstructive Disease (COPD)/ Asthma |  |
| Heart problems or high blood pressure |  |
| Chronic fatigue syndrome, ME or fibromyalgia |  |
| Anxiety, depression, stress |  |
| Other (Please give details)…………………………………….  ……………………………………………………………………. |  |

14) In the last week, on how many days did you do vigorous physical activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None | 1 day | 2 days | 3 days | 4 days | 5 days or more |
|  |  |  |  |  |  |

15) How often do you need to have someone help you when you read instructions on pamphlets, or other written material from your doctor or pharmacy?  *(Please cross one box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never | Rarely | Sometimes | Often | Always |
|  |  |  |  |  |

#### 16) For each of the five sets of statements that follow, please cross the one box that best describes your own health state today.

|  |  |
| --- | --- |
| **Mobility** |  |
| I have no problems walking about........................................... |  |
| I have slight problems walking about...................................... |  |
| I have moderate problems walking about............................... |  |
| I have severe problems walking about................................... |  |
| I am unable to walk about...................................................... |  |
|  |  |
| **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....................................... |  |
|  |  |
| **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...................................... |  |
|  |  |
| **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........................................... |  |
|  |  |
| **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..................................... |  |

**Section D**

1) Please rate how **confident** you are that you can do the following things **at present**, **despite the pain**. To indicate your answer cross the box below **one** of the numbers on the scale for each item, where **0** = not at all confident and **6** = 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 can do them at present, despite the pain.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Not at all confident* | | | | *Completely confident* | | |
|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| a) I can enjoy things, despite the pain |  |  |  |  |  |  |  |
| b) I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain |  |  |  |  |  |  |  |
| c) I can socialise with my friends or family members as often as I used to do, despite the pain |  |  |  |  |  |  |  |
| d) I can cope with my pain in most situations |  |  |  |  |  |  |  |
| e) I can do some form of work, despite the pain. (“Work” includes housework, paid and unpaid) |  |  |  |  |  |  |  |
| f) I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain |  |  |  |  |  |  |  |
| g) I can cope with my pain without medication |  |  |  |  |  |  |  |
| h) I can still accomplish most of my goals in life, despite the pain |  |  |  |  |  |  |  |
| i) I can live a normal lifestyle, despite the pain |  |  |  |  |  |  |  |
| j) I can gradually become more active, despite the pain |  |  |  |  |  |  |  |

2) The following list contains sentences that people have used to describe themselves and their views **when they feel pain**. When you read each sentence indicate how often you think in a similar way. For example scoring a 0 would mean you **never** think that way whereas scoring a 6 would mean you would **always** think that way or scoring a 3 would mean you **sometimes** think that way. Remember you may choose any number that fits **how you feel**.

*(Please cross the box that applies to you for each of the following statements)*

| **When I feel pain…** | Never | | Sometimes | | | | Always | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | | **2** | **3** | **4** | | **5** | **6** |
| a) It’s terrible and I feel it’s never going to get any better |  |  | |  |  |  | |  |  |
| b) I feel my life isn’t worth living |  |  | |  |  |  | |  |  |
| c) It’s awful and I feel that it overwhelms me |  |  | |  |  |  | |  |  |
| d) I feel like I can’t go on |  |  | |  |  |  | |  |  |
| e) I worry all the time about whether it will end |  |  | |  |  |  | |  |  |
| f) I feel I can’t stand it anymore |  |  | |  |  |  | |  |  |

3) Below are a set of questions about how people think about their pain. Please indicate how much **you agree or disagree** with the following statements about your pain condition (aches, pain or stiffness) by **putting a cross in one box** for each question. (Think about yourself over the last **two weeks**.)

*(Please cross the box that applies to you for each statement)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
| a) I get depressed when I think about my pain condition |  |  |  |  |  |
| b) My pain condition will last a long time |  |  |  |  |  |
| c) I have the power to influence my pain condition |  |  |  |  |  |
| d) The course of my pain condition depends on me |  |  |  |  |  |
| e) Little can be done to improve my pain condition |  |  |  |  |  |

**Section E**

If the pain condition you recently went to your GP practice about is   
**back pain**, please answer this question, otherwise go to Section F on the next page.

1) Thinking about the **last 2 weeks**, please cross one box on each row in response to the following questions:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| a) Has your back pain spread down your leg(s) at some time in the last 2 weeks? |  |  |
| b) Have you had pain in the shoulder or neck at some time in the last 2 weeks? |  |  |
| c) Have you only walked short distances because of your back pain? |  |  |
| d) In the last 2 weeks, have you dressed more slowly than usual because of back pain? |  |  |
| e) Do you think that it’s not really safe for a person with a condition like yours to be physically active? |  |  |
| f) Have worrying thoughts been going through your mind a lot of the time? |  |  |
| g) Do you feel that your back pain is terrible and it’s never going to get any better? |  |  |
| h) In general have you stopped enjoying all the things you usually enjoy? |  |  |

i) Overall, how **bothersome** **has your back pain been** in the last 2 weeks? (*Please cross one box*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not at all | Slightly | Moderately | Very much | Extremely |
|  |  |  |  |  |

**Section F**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) | Are you: | Female |  | Male |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | *day* | | | | *month* | | | | *year* | | | |
| 2) | What is your **date of birth**? |  |  |  |  |  |  |  |  | 1 | 9 |  |  |

3) Do you currently live alone? *(Please cross one box)*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes….. |  | No….. |  |

4) Can you count on anyone to provide you with **emotional support** (e.g. talking over problems to help you with a difficult decision)?

*(Please cross one box)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes…… |  |  | No….. |  |  | No need…. |  |

5) When you need some extra help, can you count on anyone to help with **daily tasks** (e.g. grocery shopping, house cleaning, cooking, telephoning, drive you somewhere)?

*(Please cross one box)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes…… |  |  | No….. |  |  | No need… |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6) How old were you when you left school? |  |  | years old |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| 7) Did you go into full-time education (College or university)? | | | | | | | | | |
|  | | | | | | | | | |
|  | Yes… |  |  | No… |  |  | | | |
|  | | | | | | | | | |
|  | If yes, what age did you finish full-time education? | | | | | |  |  | years old |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8) Have you gained qualifications through study as an adult? | | | | | | | | |
|  |  | | | Yes… |  | No… |  |  |
|  |  |  |  | | | | | |

|  |  |
| --- | --- |
| 9) What is your current or most recent paid **job title**? | |
|  | …………………………………………………………………………………  …………………………………………………………………………………  …………………………………………………………………………………  ………………………………………………………………………………… |

|  |
| --- |
| 10) Which of the following best describes your **current** situation? *(Please cross one box)* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Working full-time in a paid job………… |  |  |
|  |  |  | *Please continue with* ***question 11*** |
|  | Working part-time in a paid job…………. |  |  |
|  |  |  |  |
|  | Employed but currently off sick…………. |  |  |
|  |  |  |  |
|  | Housewife/husband ……………………… |  |  |
|  |  |  |  |
|  | Unemployed due to pain…………… |  |  |
|  |  |  |  |
|  | Unemployed for other health reasons… |  | *Please move on to* ***section G*** |
|  |  |  |  |
|  | Retired……………………………………… |  |  |
|  |  |  |  |
|  | Student…………………………………….. |  |  |
|  |  |  |  |
|  | Other *(please specify)*…………….. |  |  |
|  | ……………………………………………….  ………………………………………………. | | | |

11) How **satisfied** are you with your **employment**? *(Please cross one box)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very  satisfied | Satisfied | Slightly  dissatisfied | Severely  dissatisfied |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 12) Have you **taken time off work** during the **last 6 months** because of your pain condition? *(Please cross* ***one*** *box)* | | |
| Yes…… |  | Please answer the question below to give us some details | |
|  |
|  |
| No……. |  | Please go to **question 13** | |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If yes**, please write in the **number** of days, weeks or months you were absent from work due to your pain condition in the **last 6 months** | | | | |
|  | Days | (*Please only enter a number in* ***one*** *of these boxes.)* |
|  |  |
|  | Weeks |
|  |  |
|  | Months |

|  |
| --- |
| 13) Are you **currently**… (*Please cross* ***one*** *box*) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Doing your usual job…………….. |  | *Please continue to* ***section G*** | |
|  |  |  |  |
|  | Doing lighter / different duties… |  |  |
|  |  |  | *Please continue with* ***question 14*** *below* |
|  | Working fewer hours……………. |  |  |
|  |  |  |  |
|  | On paid sick leave………………. |  |  |
|  |  |  |  |
|  | On unpaid leave…………………. |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 14) If you are not doing your usual job, is this because of your pain condition?  (Please cross one box) | | | | | | | |
|  | Yes…. |  |  | No… |  |  |

**Please continue on to the next two pages.**

**Study ID Number**

SECTION G

**Thank you for completing this questionnaire. Please make sure you have answered all the questions.**

Please ensure that you have read the enclosed Participant Information Sheet that explains information about the study.

**By completing and returning this questionnaire:**

* You confirm that you have read and understood the Participant Information Sheet and are willing to take part in the study.
* You are happy to receive questionnaires in 2 months and 6 months.
* You understand that you can withdraw from the study at any time, and that this will not affect the care you receive in any way.

Further Consent

*Please answer each statement by putting a cross in* ***one*** *box on each line*

**YES NO**

I give my permission for my medical records to be reviewed……

**YES NO**

I am happy to be contacted about other parts of this research…..

Even if you would prefer us not to review your medical records or contact you about other parts of this research, **the answers you have given in this questionnaire will still be very important to us.**

Now please fill in the date **you completed this questionnaire:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Day | |  | Month | |  | Year | | | |
|  | |  |  | |  |  | |  | |
|  |  |  |  |  |  |  |  |  |  |

Please turn over

Contact details

Please enter your details below.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number……..

Mobile number…………..

Email address……………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the questionnaires at 2 months and 6 months, we use a reminder system to let you know when you are going to receive the questionnaire, and a reminder to send it back to us. Usually we send these reminders by post or sometimes by telephone. However, if you would **like these reminders in a different way** (e.g. text message or email) please fill in the section below.

|  |  |
| --- | --- |
| I would like to be reminded by… | Please tick **one** box |
| Email………………………………… |  |
| Text message……………………… |  |

**Thank you for your help with this research project.**

Please return your questionnaire in the FREEPOST (no stamp needed) envelope provided.

This page will be detached and stored separately from the questionnaire.

**Study ID Number**