

Questionnaire

Today's date:

First Name:

Surname:

Male/Female

Date of birth:

Email:

Contact phone:

In relation to your work, are you:

- Working Full time as.....
- Part time as.....
- Retired
- Sick leave
- Not working because of back pain
- Not working for other reason
- Registered disabled
- Student
- Carer
- Housewife-home maker
- Other

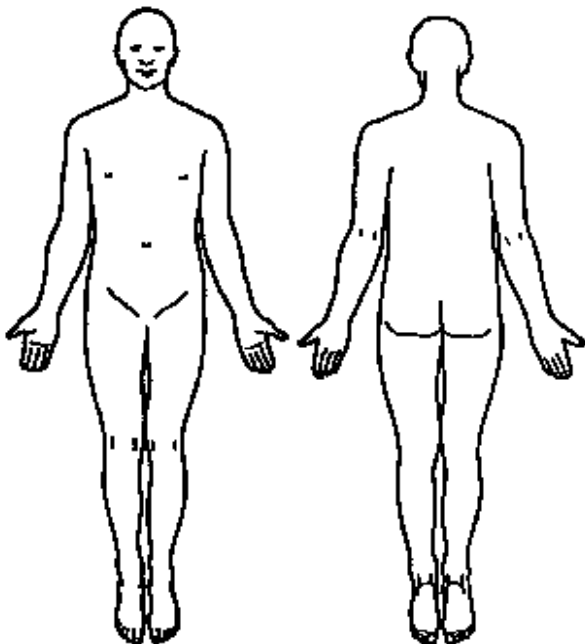
Tick if you have any of the following:

- Numbness in the buttocks area
- Loss of bladder or bowel control
- Numbness in arms or legs
- Weakness in arms or legs
- Pins and needles in arms or legs

Tick if any of the following apply:

- Did your pain start after significant trauma (e.g. fall from height, road traffic accident)?
- Is your pain constant and unremitting?
- Do you have a current or previous history of cancer?
- Are you taking steroids?
- Do you have a history of intravenous or drug abuse?
- Do you have HIV or AIDS?
- Have you experienced recent unexplained weight loss?

On this diagram Indicate with shading the areas on your body where you feel pain. Indicate with small crosses the areas on your body where you feel numbness



Thinking about the past two weeks, overall how bothersome has your back pain been:

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

Mark on the line the average intensity of the pain in your **leg or arm**
 No pain | _____ | Worst pain

Mark on the line the average intensity of this pain in your **back or neck**
 No pain | _____ | Worst pain

Thinking of the last 2 weeks, please tick whether you agree or disagree with the statement:

Agree Disagree

My back pain has spread down my legs at some point in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
In the last 2 weeks, I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
In the last 2 weeks, I have dressed more slowly than usual because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
It's really not safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
Worrying thoughts have been going through my mind a lot of the time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my back pain is terrible and that it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
In general in the last 2 weeks, I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

On this page please tick one box only for each question

Pain

- I have no pain at the moment
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Personal care

- I can look after myself normally without causing pain.
- I can look after myself normally but it is very painful.
- It is painful to look after myself, I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes extra pain.
- Pain stops me lifting heavy weights off the floor, but I can manage if they are conveniently positioned eg. on a table.
- Pain stops me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything.

Walking

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than 1/4 mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick or crutches
- I am in bed most of the time and have to crawl to the toilet.

Sitting

- I can sit in any chair for as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me sitting for more than 1 hour.
- Pain prevents me sitting for more than 1/2 hour.
- Pain prevents me sitting for more than 10 mins.
- Pain prevents me sitting at all.

Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it causes extra pain.
- Pain prevents me standing for more than 1 hour.
- Pain prevents me standing for more than 1/2 hour.
- Pain prevents me standing for more than 10 mins.
- Pain prevents me standing at all.

Sleeping

- Pain does not prevent me from sleeping well.
- I can only sleep well by using sleeping tablets.
- Even when I take tablets I sleep for less than 6 hours.
- Even when I take tablets I sleep for less than 4 hours.
- Even when I take tablets I sleep for less than 2 hours.
- Pain prevents me from sleeping at all.

Sex life (optional question)

- My sex life is normal and causes no extra pain.
- My sex life is normal but does cause some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

Social life

- My social life is normal and gives no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting more energetic activities eg. dancing.
- Pain has restricted my social life and I do not go out often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Travelling

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short trips of less than 30 mins.
- Pain prevents me from travelling except to the doctors/ hospital

Please fill out all of the questions as best as you can.

They need to be sent to the spinal triage along with a referral letter.