

## Post Treatment Questionnaire

**Today's date:**

**First Name:**

**Surname:**

**Male/Female**

**Date of birth:**

**Email:**

**Contact phone:**

**Which clinic did you visit?**

- Virgin Care  
 Back2Health  
 TICCS  
 Premiere Physical Healthcare

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

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

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

- Not at all  
 Slightly  
 Moderately  
 Very much  
 Extremely

**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.

