

## Back pain management programme

### Outcome measures questionnaires

**Name:** Initial  
**Date:** Post-program  
**Hospital number:** 6 months  
1 year

Please indicate the level of pain you have suffered over the **last week & mark the number on the scales below.**

0 = No pain.

10 = Most severe pain you have suffered or can imagine.

**Back pain**

0 \_\_\_\_\_ 10

**Leg Pain**

0 \_\_\_\_\_ 10

**Leg Numbness**

0 \_\_\_\_\_ 10

**Leg Tingling**

0 \_\_\_\_\_ 10

### Modified Roland Morris back disability questionnaire

When your back or leg hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back or leg pain. When you read them, you may find that some stand out because they describe you *today*. As you read the list, think of yourself **today**. When you read a sentence that describes you today, put a tick against it. If the sentence does not describe you, then leave the space blank and go onto the next one. Remember, only tick the sentence if you are sure that it describes you **today**.

1a) I stay at home most of the time because of my back.

- 
- 1b) I stay at home most of the time because of my leg.
  - 2a) I change position frequently to try and get my back comfortable.
  - 2b) I change position frequently to try and get my leg comfortable.
  - 3a) I walk more slowly than usual because of my back.
  - 3b) I walk more slowly than usual because of my leg.
  - 4a) Because of my back, I am not doing any of the jobs that I usually do around the house.
  - 4b) Because of my leg, I am not doing any of the jobs that I usually do around the house.
  - 5a) Because of my back, I use handrails to get upstairs.
  - 5b) Because of my leg, I use handrails to get upstairs.
  - 6a) Because of my back, I lie down to rest more often.
  - 6b) Because of my leg, I lie down to rest more often.
  - 7a) Because of my back, I have to hold on to something to get out of an easy chair.
  - 7b) Because of my leg, I have to hold on to something to get out of an easy chair.
  - 8a) Because of my back, I try to get other people to do things for me.
  - 8b) Because of my leg, I try to get other people to do things for me.
  - 9a) I get dressed more slowly than usual because of my back.
  - 9b) I get dressed more slowly than usual because of my leg.
  - 10a) I only stand for short periods of time because of my back.
  - 10b) I only stand for short periods of time because of my leg.
  - 11a) Because of my back, I try not to bend or kneel down.
  - 11b) Because of my leg, I try not to bend or kneel down.
  - 12a) I find it difficult to get out of a chair because of my back.
  - 12b) I find it difficult to get out of a chair because of my leg.
  - 13a) My back is painful almost all of the time.
  - 13b) My leg is painful almost all of the time.
  - 14a) I find it difficult to turn over in bed because of my back.
  - 14b) I find it difficult to turn over in bed because of my leg.
  - 15a) My appetite is not very good because of my back pain.
  - 15b) My appetite is not very good because of my leg pain.
  - 16a) I have trouble putting on my socks (or stockings) because of pain in my back.
  - 16b) I have trouble putting on my socks (or stockings) because of pain in my leg.
  - 17a) I only walk short distances because of my back pain.
  - 17b) I only walk short distances because of my leg pain.
  - 18a) I sleep less well because of my back.
  - 18b) I sleep less well because of my leg.
  - 19a) Because of my back pain, I get dressed with help from someone else.
  - 19b) Because of my leg pain, I get dressed with help from someone else.
  - 20a) I sit down for most of the day because of my back.
  - 20b) I sit down for most of the day because of my leg.
  - 21a) I avoid heavy jobs around the house because of my back.
  - 21b) I avoid heavy jobs around the house because of my leg.

- 22a) Because of my back pain, I am more irritable and bad tempered with people than usual.
- 22b) Because of my leg pain, I am more irritated and bad tempered with people than usual.
- 23a) Because of my back, I go upstairs more slowly than usual.
- 23b) Because of my leg, I go upstairs more slowly than usual.
- 24a) I stay in bed most of the time because of my back.
- 24b) I stay in bed most of the time because of my leg.

## The short form health survey questionnaires (SF-36)

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

Date of birth: \_\_\_\_\_

Hospital No: \_\_\_\_\_

The following questions ask for your views about your health, how you feel and how well you are able to do your usual activities. If you are unsure how to answer any questions, please give the best answer you can and make your own comments if you like. Do not spend much time answering, as your immediate response is likely to be the most accurate.

### 1. In general, would you say your health is:

Excellent       Very Good       Good       Fair       Poor

### 2. Compared to one year ago, how would you rate your health in general now?

Much better

Somewhat better

About the same

Somewhat worse

Much worse

### 3. The following are activities that you might do in a typical day. Does your health now limit you in those activities? If yes, how much?

	Yes, limited a lot	Yes, limited a little	No, not at all
a) Vigorous activities, i.e. running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Moderate activities, i.e. moving a table, pushing the Hoover, bowling or golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Walking 100 yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Bathing and dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your physical health?**

	Yes	No
a) Cut down on the amount of time that you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b) Accomplish less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c) Were limited on the kind of work or activities	<input type="checkbox"/>	<input type="checkbox"/>
d) Had difficulty performing the work or other activities	<input type="checkbox"/>	<input type="checkbox"/>

**5. During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of your emotional problems (such as feeling depressed or anxious)?**

- |                                                                         | Yes                      | No                       |
|-------------------------------------------------------------------------|--------------------------|--------------------------|
| a) Cut down on the amount of time you spent on work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Accomplish less than you would like                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Didn't do work or other activities as carefully as usual             | <input type="checkbox"/> | <input type="checkbox"/> |

**6. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or other groups?**

Not at all     Slightly     Moderately     Quite a bit     Extremely

**7. How much bodily pain have you had during the past 4 weeks?**

None     Very mild     Mild     Moderate     Severe     Very severe

**8. During the past 4 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. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks?**

- |                                                                        |                          |                          |                          |                          |                          |                          |
|------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Did you feel full of life?                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have you been a very nervous person?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have you felt calm and peaceful?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Did you have a lot of energy?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- f) Have you felt downhearted and low?
- g) Did you feel worn out?
- h) Have you been a happy person?
- i) Did you feel tired?
- j) Has your physical health or emotional problems interfered with your social activities (like visiting friends or relatives)?

**10. How true or false is each of the following statements for you?**

- |            |            |        |       |        |
|------------|------------|--------|-------|--------|
|            | Definitely | Mostly | Don't | Mostly |
| Definitely |            |        |       |        |
| false      | true       | true   | know  | false  |
- a) I seem to get ill more easily 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

Please can you now indicate for each of these questions which answer best describes how you have been feeling recently.

Modified Zung Questionnaire	Rarely or none of the time (less than 1 day per week)	Some or little of the time (1-2 days per week)	A moderate amount of the time (3-4 days per week)	Most the time (5-7 days per week)
1. I feel downhearted and sad				
2. Morning is when I feel best				
3. I have crying spells or feel like it				
4. I have trouble getting to sleep at night				

5. I feel that nobody cares				
6. I eat as much as I used to				
7. I still enjoy sex				
8. I notice I am losing weight				
9. I have trouble with constipation				
10. My heart beats faster than usual				
11. I get tired for no reason				
12. My mind is as clear as it used to be				
13. I tend to wake up too early				
14. I find it easy to do the things I used to				
15. I am restless and can't keep still				
16. I feel hopeful about the future				
17. I am more irritable than usual				
18. I find it easy to make a decision				
19. I feel quite guilty				
20. I feel that I am useful and needed				
21. My life is pretty full				
22. I feel that others would be better off if I were dead				
23. I am still able to enjoy the things I used to				

We would now like you to answer some questions about how your pain might impact on your daily life

**1. How would you describe your current work status (please tick any response that applies to you)?**

- Working full-time outside the home
- Working part-time outside the home
- Working full-time in the home
- Working part-time in the home
- Retired due to age

- Retired due to pain
- Not currently working in paid work
- Not currently working in volunteer work
- Do not feel able to work
- Caring for young children, or elderly parents
- Not working as in receipt of disability payments
- Other - please tell us

**2. If working outside the home, does your job give you satisfaction?**

- Yes, fully satisfied
- No, I am not satisfied
- Fairly satisfied
- Other – please tell us

**3. If working outside the home, does your job give you independence?**

- Yes, I am fully independent
- No, I am not independent at all
- I am reasonably independent
- Other

**4. If working outside the home, how do your work colleagues support you when you have pain?**

- They are fully supportive
- They are not supportive at all
- They are moderately supportive

**5. Do you have a family - wife/husband, and or/children?**

- Yes
- No (go to question 6)

**If yes, what is your current level of involvement with family activities?**

- Taking full part in family activities – going for outings, driving, interacting with children
- Taking a moderate role in family activities - occasional trips out, limited driving, limited interaction with children
- Taking a small role in family activities - no family trips out, no driving, hardly any interaction with children

**6. How does your family generally respond to you when you are in pain?**

- They help and support me just the right amount
- They leave me to cope alone
- They are over-anxious and protective
- Other (please tell us)

**7. Does your pain affect your sleeping patterns?**

- Yes, I tend to wake several times a night
- No, I usually sleep right through the night
- Yes, I wake up early because I am uncomfortable
- Yes, I have trouble going to sleep because I am uncomfortable
- I sleep a lot of the time
- Other (please tell us)

**8. How many times have you visited your GP or hospital doctor over the last month about your pain?**

\_\_\_\_\_ times

**9. How many times have you called your GP out to your house as an emergency over the last month because of your pain?**

\_\_\_\_\_ times

**10. Have you visited the Accident and Emergency Department in the last month because of your pain?**

- Yes
- No

If yes, how many times? \_\_\_\_\_

**11. When you last went on holiday with your family, was this a success.**

- Yes (go to next question)
- No

**If not, was this in any way related to your pain?**

- Yes
- No

**Can you tell us what happened?**

**12. Have there been any recent (or past) life events that you feel relate to your pain, and the way you feel about your pain, that you would like to tell us about.**

- Yes
- No

**If yes, you can write these down here or if you would prefer to talk privately about these, we can arrange this for you:**

**13. Is there anything else you want us to know about your pain, how you cope with it, or how you think about it that has not been covered here?  
Please use the space below:**

Thank you very much for completing these papers. The information will help us to plan your course through the Back Pain Programme more efficiently.