BQ PRE-TREATMENT (BASELINE)

BACKWORKS
BACK & NECK PAIN CLINIC

PATIENT REFERENCE NUMBER:
(FOR CLINIC USE ONLY)*

PATIENT START HERE
Q1. Surname:

Q2. Today's Date:

Q3. Age (Years):

Q4. Are you? Male: ◯ Female: ◯

Q5. What place(s) do you feel most pain? (more than one box allowed):
Low Back: ☐ Leg: ☐ Neck: ☐
Headache: ☐ Shoulder/Arm: ☐ Other: ☐

Q6. If your pain is in your back or neck, does it go down into your leg(s) or your arm(s)? Yes: ◯ No: ◯

Q7. Have you had this SAME or a similar complaint anytime in the PAST? Yes: ◯ No: ◯

Q8. Have you had a WHOLE MONTH in the past 6 months WITHOUT any pain from a similar complaint? Yes: ◯ No: ◯

Q9. How long has this PRESENT EPISODE of your painful complaint lasted?
Less than 1 week: ◯ Between 1 and 4 weeks: ◯
Between 1 and 3 months: ◯ More than 3 months: ◯

Q10. How would you describe this PRESENT EPISODE of your pain? Comes and goes: ◯ There constantly: ◯

Q11. Has this PRESENT EPISODE of your painful complaint been bad enough to limit your usual activities or change your daily routine for MORE THAN ONE DAY? Yes: ◯ No: ◯

Q12. Are you taking medication ON A DAILY BASIS, either bought over-the-counter at a pharmacist or prescribed by your GP, for this PRESENT EPISODE of your painful complaint? Yes: ◯ No: ◯

Q13. Have you sought help from ANY OTHER PRACTITIONER, such as your GP or another healthcare professional, for this PRESENT EPISODE of your painful complaint? Yes: ◯ No: ◯

Q14. How do you expect your condition to RESPOND TO TREATMENT in the next few weeks?
Recover / Improve: ◯ Stay about the same: ◯ Get worse: ◯

Q15. Are you currently in PAID EMPLOYMENT? Yes: ◯ No: ◯

Q16. Have you taken any time OFF WORK for this PRESENT EPISODE of your painful complaint?
Not in paid employment: ◯ In paid employment, not taken any time off work: ◯ Yes, 1-2 days: ◯
Yes, 3-7 days: ◯ Yes,1-3 weeks: ◯ Yes, more than 3 weeks: ◯

Q17. Do you smoke? Yes: ◯ No: ◯

Q18. Compared with people of a similar age and in a similar position, how would you rate your OVERALL PHYSICAL ACTIVITY? More/About the same: ◯ Less: ◯

Q19. Apart from this complaint, how would you rate your GENERAL HEALTH and WELL-BEING? Excellent/Good: ◯ Fair/Poor: ◯

CONTINUED OVERLEAF

Put a TICK in ONE box for EACH of the following statements that best describes your painful complaint and how it is affecting you NOW. Please read each question carefully before answering.

BACKWORKS
BACK & NECK PAIN CLINIC

Q20. Over the past few days, on average, how would you rate your pain on a scale where '0' is 'no pain' and '10' is 'worst pain possible'?

	1	2	3	4	5	6	7	8	9	10	
No pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Worst Pain Possible

Q21. Over the past few days, on average, how has your complaint interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in/out of bed/chair, sleeping) on a scale where '0' is 'no interference' and '10' is 'completely unable to carry on with normal daily activities'?

	1	2	3	4	5	6	7	8	9	10	
No interference	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Completely unable to carry on with normal daily activities

Q22. Over the past few days, on average, how much has your painful complaint interfered with your normal social routine including recreational, social and family activities, on a scale where '0' is 'no interference' and '10' is 'completely unable to participate in any social and recreational activity'?

	1	2	3	4	5	6	7	8	9	10	
No interference	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Completely unable to participate in any social and recreational activity

Q23. Over the past few days, on average, how anxious (uptight, tense, irritable, difficulty in relaxing/concentrating) have you been feeling, on a scale where '0' is 'not at all anxious' and '10' is 'extremely anxious'?

	1	2	3	4	5	6	7	8	9	10	
Not at all anxious	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Extremely anxious

Q24. Over the past few days, how depressed (down-in-the-dumps, sad, in low spirits, pessimistic, lethargic) have you been feeling, on a scale where '0' is 'not at all depressed' and '10' is 'extremely depressed'?

	1	2	3	4	5	6	7	8	9	10	
Not at all depressed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Extremely depressed

Q25. Over the past few days, how do you think your work (both inside the home and/or employed work) have affected your painful complaint, on a scale where '0' is 'make it no worse' and '10 is 'make it very much worse'?

	1	2	3	4	5	6	7	8	9	10	
Make it no worse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Make it very much worse

Q26. Over the past few days, on average, how much have you been able to control (help/reduce) and cope with your pain on your own, on a scale where '0' is 'I can control it completely' and '10' is 'I have no control whatsoever'?

	1	2	3	4	5	6	7	8	9	10	
I have complete control over my pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	I have no control whatsoever

Q27. Finally, over the past few days, how BOTHERSOME has your painful complaint been?

Not at all: ☐ Slightly: ☐ Moderately: ☐ Very Much: ☐ Extremely: ☐

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE