BQ POST-TREATMENT
Patient reference number (for clinic use only):

This questionnaire is about the pain complaint that you have completed previous questionnaire(s) about. The information you give will be treated in complete confidence. For EACH question, tick ONE box only unless instructed otherwise. Please answer every question in the order it is given.

Q1 **PATIENT: START HERE: YOUR SURNAME:**

Q2 TODAY'S DATE:

The next questions are about how your MOST RECENT EPISODE of pain is affecting you AT WORK:

Q3 Put a tick in ONE box that best describes your work (employment) status at the present time:

- I am NOT IN paid employment ☐
- I have had NO sick leave from work for this complaint ☐
- I have now RETURNED to work from sick leave for this complaint ☐
- I am currently ON SICK LEAVE for this complaint ☐

These questions are about your MOST RECENT EPISODE of pain:

Q4 Since starting treatment at this clinic, how has your use of medication for your painful complaint changed?

- I have never used, or hardly ever, any medication for this complaint ☐
- I am taking about the same, or more, medication for this complaint ☐
- I have managed to significantly reduce my medication for this complaint ☐

Q5 Since starting treatment at this clinic, have you sought help from ANY OTHER PRACTITIONER, such as your GP, for your complaint?

Yes ☐ No ☐

Q6 Since starting your treatment at this clinic, have you had a WHOLE MONTH without any of this pain?

Yes ☐ No ☐

Q7 Over the past few days, how BOTHERSOME has your painful complaint been?

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

Q8 How satisfied are you with the way in which you have been treated at this clinic, including how the practitioner has communicated with you and your overall clinical care?

Very satisfied ☐ Dissatisfied ☐
Satisfied ☐ Very dissatisfied ☐
Unsure ☐

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.

Q9 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'?

	0	1	2	3	4	5	6	7	8	9	10
No pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

CONTINUED OVERLEAF

Q10 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'?

	0	1	2	3	4	5	6	7	8	9	10
No interference	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q11 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'?

	0	1	2	3	4	5	6	7	8	9	10
No interference	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q12 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'?

	0	1	2	3	4	5	6	7	8	9	10
Not at all anxious	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q13 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'?

	0	1	2	3	4	5	6	7	8	9	10
Not at all depressed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q14 Over the past few days, how do you think your work (both inside the home and/or employed work) have affected your pain, on a scale where '0' is 'make it no worse' and '10 is 'make it very much worse'?

	0	1	2	3	4	5	6	7	8	9	10
Make it no worse	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Q15 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'?

	0	1	2	3	4	5	6	7	8	9	10
I have complete control over my pain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

In the last question, please read through ALL the response options before choosing ONE box that best describes you at the present time. We want to know how your painful complaint is NOW.

Q16 Since beginning treatment at this clinic, I would describe my painful complaint as:

- Much worse ☐
- Worse ☐
- Slightly worse ☐
- No change ☐
- Slightly better ☐
- Much better ☐
- Completely better ☐

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS FORM