

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

This questionnaire is about the pain complaint you have presented for treatment at this clinic. We want to evaluate your treatment and therefore need to ask you now and in the future about your painful complaint and how you are doing. Please answer every question in order. The information you give will be treated in complete confidence. For EACH question, please tick ONE box only unless instructed otherwise.

Q1 PATIENT: START HERE: YOUR 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 Headache
 Leg Shoulder/arm
 Neck 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 3 months
 Between 1 and 4 weeks 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 Yes, 1-2 days
 In paid employment but not taken any time off work 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

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.

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'?

	0	1	2	3	4	5	6	7	8	9	10
No pain	<input type="checkbox"/>										

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'?

	0	1	2	3	4	5	6	7	8	9	10
No interference	<input type="checkbox"/>										

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'?

	0	1	2	3	4	5	6	7	8	9	10
No interference	<input type="checkbox"/>										

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'?

	0	1	2	3	4	5	6	7	8	9	10
Not at all anxious	<input type="checkbox"/>										

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'?

	0	1	2	3	4	5	6	7	8	9	10
Not at all depressed	<input type="checkbox"/>										

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'?

	0	1	2	3	4	5	6	7	8	9	10
Make it no worse	<input type="checkbox"/>										

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'?

	0	1	2	3	4	5	6	7	8	9	10
I have complete control over my pain	<input type="checkbox"/>										

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

Not at all.....	<input type="checkbox"/>	Very much.....	<input type="checkbox"/>
Slightly.....	<input type="checkbox"/>	Extremely.....	<input type="checkbox"/>
Moderately.....	<input type="checkbox"/>		

THANK YOU VERY MUCH FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE