Baseline Questionnaire

Study Number: | | | | | |

UK Rotator Cuff Surgery Trial

UKUFF

CONFIDENTIAL

UKUFF SHOULDER TRIAL

PATIENT ASSESSMENT

BASELINE QUESTIONNAIRE

Thank you for helping us with our research into rotator cuff tears.
We would be very grateful if you could complete and return this questionnaire in the enclosed freepost envelope.

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HOW TO FILL IN THIS QUESTIONNAIRE

Most questions can be answered by putting numbers or a tick in the appropriate box or boxes. Please print your answers carefully within the boxes like this:

Please try to complete the whole questionnaire.

There are no right or wrong answers.

Sometimes the box you tick tells you to skip forward so that you miss out questions which do not apply to you.

In some questions, we would like you to think about different time periods, such during the last 4 weeks. Please check the time periods carefully.

Some of the questions ask for answers in your own words, please write these in the boxes provided.

Thank you for your help.

Section 1 - Demographics

1. How old are you? ☐☐ years old

Please tick ONE box for EACH question

2. Gender: Are you … Male ☐ Female ☐

3. Education: Which of these best describes your highest qualification?

No formal qualifications	Secondary/further education *(eg: GCSE, 'O' Level, vocational qualification)*	Higher education *(eg: diploma, degree, postgraduate qualification)*
☐	☐	☐

4. Housing tenure: Which best applies to you?

Home owner *(including mortgage/loan)*	Private rent	Council rent	Other
☐	☐	☐	☐

5. Do you live on your own? Yes ☐ No ☐

6. What is your current employment status?

Employed full time *(including self-employed)*	Employed part time *(including self-employed)*	Homemaker/Car
☐	☐	☐
Retired	**Student**	**Unemployed**
☐	☐	☐

If you are employed:

6a. How would you describe your work?

Manual	Non-manual	Not sure
☐	☐	☐

6b. Are you currently 'off sick' or working reduced duties <u>because of your shoulder</u>?

Yes 'off-sick'	Yes working reduced hours/duties	No working usual hours/duties
☐	☐	☐

If you are <u>un</u>employed:

6c. Are you currently unable to work <u>because of your shoulder</u>?

☐ ☐

Everyone

7. Are you right or left-handed?

Right-handed	Left-handed	Both
☐	☐	☐

8. For how long (approximately) have you had this problem with your shoulder?

☐ Years ☐ Months

9. Would you be able to do your job OR essential everyday activities, if you had your 'bad' arm in a sling?

No	Yes, but with difficulty	Yes, with no difficulty
☐	☐	☐

Section 2 – Your Views About Surgery

- We would like to ask you about your personal views about **surgery in general**
- Below are 4 statements other people have made about **surgery in general**
- Please indicate the extent to which you agree or disagree with them by putting a tick (✓) in the appropriate box

There are no right or wrong answers. We are interested in your personal views.

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Doctors rely on surgery too much	☐	☐	☐	☐	☐
Doctors place too much trust in surgery	☐	☐	☐	☐	☐
I worry about the risks of surgery	☐	☐	☐	☐	☐
Surgery should only be taken as a last resort	☐	☐	☐	☐	☐

Section 3 – Shoulder Pain

Please tick ONE box for EACH question

During the past 4 weeks

1. How would you describe the worst pain you had from your shoulder?

None	Mild	Moderate	Severe	Unbearable
☐	☐	☐	☐	☐

During the past 4 weeks

2. Have you had any trouble dressing yourself because of your shoulder?

No trouble at all	A little bit of trouble	Moderate trouble	Extreme difficulty	Impossible to do
☐	☐	☐	☐	☐

During the past 4 weeks

3. Have you had any trouble getting in and out of a car or using public transport because of your shoulder?

No trouble at all	A little bit of trouble	Moderate trouble	Extreme difficulty	Impossible to do
☐	☐	☐	☐	☐

During the past 4 weeks

4. Have you been able to use a knife and fork - at the same time?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks …

Please tick ONE box for EACH question

During the past 4 weeks

5. Could you do the household shopping on your own?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks

6. Could you carry a tray containing a plate of food across a room?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks

7. Could you brush/comb your hair with the affected arm?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks

8. How would you describe the pain you usually had from your shoulder?

None	Very mild	Mild	Moderate	Severe
☐	☐	☐	☐	☐

During the past 4 weeks …

Please tick ONE box for EACH question

During the past 4 weeks

9. Could you hang your clothes up in a wardrobe, - using the affected arm?

Yes, easily	With little difficulty	With moderate difficulty	With great difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks

10. Have you been able to wash and dry yourself under both arms?

Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible
☐	☐	☐	☐	☐

During the past 4 weeks

11. How much has pain from your shoulder interfered with your usual work (including housework)?

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☐	☐

During the past 4 weeks

12. Have you been troubled by pain from your shoulder in bed at night?

No nights	Only 1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☐	☐	☐

Section 4 – Shoulder Pain and Disability

Please ring round ONE number to EVERY question where
0 = no pain and 10 = worst pain imaginable

PAIN SCALE DURING THE PAST WEEK

How severe is your shoulder pain ……

1. At its worst?	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
2. When lying on involved side?	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
3. Reaching for something on a high shelf?	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
4. Touching the back of your neck?	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
5. Pushing with the involved arm?	No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable

Please ring round ONE number to EVERY question where
0 = no difficulty and 10 = so difficult required help

DISABILITY SCALE DURING THE PAST WEEK

How much difficulty do you have……

1. Washing your hair?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help
2. Washing your back?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help
3. Putting on an undershirt or pullover sweater?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help
4. Putting on a shirt that buttons down the front?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help

Please ring round ONE number to EVERY question where
0 = no difficulty and 10 = so difficult required help

How much difficulty do you have……

5. Putting on your pants?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help
6. Placing an object on a high shelf?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help
7. Carrying a heavy object (> 10 pounds)?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help
8. Removing something from your back pocket?	No difficulty	0	1	2	3	4	5	6	7	8	9	10	So difficult required help

Section 5 - Your General Health

State of Mind

Please tick ONE box for EACH question

1. **How much time during the past month:**	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a) **Have you been a very nervous person?**	☐	☐	☐	☐	☐	☐
b) **Have you felt downhearted and low?**	☐	☐	☐	☐	☐	☐
c) **Have you felt calm and peaceful?**	☐	☐	☐	☐	☐	☐
d) **Have you felt so down in the dumps that nothing could cheer you up?**	☐	☐	☐	☐	☐	☐
e) **Have you been a happy person?**	☐	☐	☐	☐	☐	☐

Your Health Today

Please indicate which statement describes your own health state today.

Please tick ONE box for EACH question.

a) Mobility

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

b) Self-care

- I have no problems with self care ☐
- I have some problems with washing or dressing myself ☐
- I am unable to wash and dress myself ☐

c) Usual activities

- I have no problem in performing my usual activities (eg: work, study, housework, leisure activity) ☐
- I have some problems in performing my usual activities ☐
- I am unable to perform my usual activities ☐

d) Pain / Discomfort

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

e) Anxiety / Depression

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

Section 6 – Health Service Use, and Costs

We would like to know how much contact you have had with the health service over the last 12 months. If you are not exactly sure, we would rather have your best guess than no information at all. Please answer every question, even if the answer is "0".

Please fill in both boxes, for example: | 0 | 3 | **if seen three times.**

Over the last 12 months, how many times have you:

1. **Seen your GP about your shoulder? ……** | | |
2. **Seen a practice nurse about your shoulder? …… ……** | | |
3. **Seen a physio or occupational therapist about your shoulder? ……** | | |
4. **Visited a hospital out-patient clinic about your shoulder? ……** | | |
5. **Been in hospital overnight because of your shoulder? ……** | | |

   5a. **If you have been in hospital overnight because of your shoulder, for how many nights were you there ? ……** | | |

6. **Visited a private practitioner such as an osteopath or chiropractor about your shoulder? ……** | | |

Over the last 12 months, approximately how much (to the nearest £) did the following items cost you? If there was no cost, please write "0".

7. **Buying painkillers, creams and lotions, dressings or slings as a result of your shoulder ……** £ _____
8. **Transport, parking, or other costs of visiting the GP or physio, attending exercise clinics, or other health service visits about your shoulder ……** £ _____
9. **Paying for private practitioners such as osteopaths or chiropractors about your shoulder ……** £ _____
10. **Losing earnings as a result of your shoulder ……** £ _____

Finally:

Date you filled in this questionnaire D D / M M / Y Y Y Y

THANK YOU

Thank you for completing this questionnaire. The information you have given us will be extremely useful.

It will be treated with the strictest confidence and kept securely.

Please send the questionnaire back to us in Oxford in the envelope provided.

Please could you inform us of any changes to your phone number:

And inform us of any changes to your contact details: .....

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Thank you again for your help.

If you would like any further information or have any queries about the study, please contact:

The UKUFF Study Office in Oxford [redacted]

or visit our website at www.charttrials.abdn.ac.uk/ukuff

This study is taking place in centres across the UK but the questionnaires are being processed in Aberdeen at the Centre for Healthcare Randomised Trials (CHaRT), Health Sevices Research Unit, University of Aberdeen, Health Sciences Building, Foresterhill, ABERDEEN, AB25 2ZD