NHS
National Institute for Health Research

Keele University


# Baseline Questionnaire

- When completing this questionnaire, please try to be as accurate and honest as you can throughout.
- There are no 'correct' or 'incorrect' answers. Answer according to your own feelings, rather than how you think most people will answer.
- If you have any questions, you will be able to discuss these with the Research Midwife/ Nurse during your visit.
- Please hand your completed questionnaire back to the Research Midwife/ Nurse.

**Thank you very much for your help with this research study**

## INSTRUCTIONS FOR THIS QUESTIONNAIRE

It is important to answer **all** the questions, even if you feel that they do not apply to you. Some questions may look like others, but they tell us different things, so all are important to answer. Some of the questions are arranged in sections according to the period of time that they ask about.

Many of the questions are about your pain. Some questions are about work, and others are about you and your general health. Please take the time to read and answer each question carefully.

Most of the questions can be answered by putting a **cross** in a box next to or under your answer. For example, if you wish to answer 'Not at all', **cross** the box like this:

| Not at all | Slightly | Moderately | Very much | Extremely |
|---|---|---|---|---|
| X | | | | |

Here is an example of how to answer a question if you **don't** have any pain:

No pain — Pain as bad as could be

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| X | | | | | | | | | | |

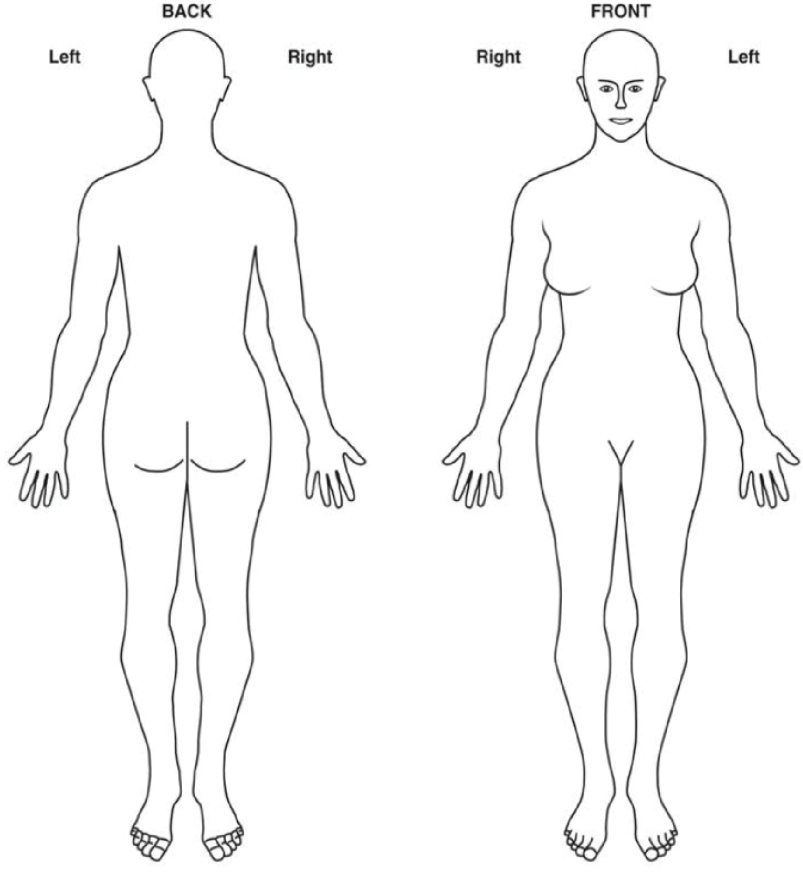
**Now please continue and fill in this questionnaire**

## Section A – Your back problem

The following question is about **recent pain** you may have had in **any part of your body**; it does not only refer to your back problem.

1. Please *shade in the diagram* below any pain that has lasted for **one day or longer** in the **last 4 weeks**. By pain we also mean ache, discomfort or stiffness. Please **do not** include pain due to feverish illness such as flu.

If you have ***not*** **had any body pain** that has lasted for one day or longer in the last **4 weeks**, please put a cross in this box..... ☐



Some people with pain in their muscles or joints tell us that they have **distinct bouts or episodes** of pain, with periods in between when they have no pain. For the first question we would like you to think about your **most recent bout or episode** of **back pain**.

*You **do not** need to be exact, please cross the **one** box nearest to your answer.*

2. Have you had this current bout / episode of **back pain** for…

| Less than 2 weeks | 2 to 6 weeks | 6 to 12 weeks | 3 to 6 months | 7 to 12 months | More than 12 months |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

3. In the **last 2 weeks**, on **average**, how intense was your **usual** back pain rated on a 0–10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'?
*(Please cross **one** box only)*

| No pain | | | | | | | | | | Pain as bad as could be |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

4. In the **last 2 weeks**, how intense was your **least** painful back pain rated on a 0–10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'?
*(Please cross **one** box only)*

| No pain | | | | | | | | | | Pain as bad as could be |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

5. In the **last 2 weeks**, on **average**, how intense was your back pain **just before going to bed at night**, rated on a 0-10 scale, where 0 is 'no pain' and 10 is 'pain as bad as could be'?
*(Please cross **one** box only)*

| No pain | | | | | | | | | | Pain as bad as could be |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

6. During the **last 2 weeks**, how often has your back pain **prevented you** from **falling asleep**?
*(Please cross **one** box only)*

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

7. During the **last 2 weeks**, how often has your back pain **woken you up** at night?
*(Please cross **one** box only)*

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

8. How would you rate your **pain** on a 0-10 scale **at the present time**, that is, **right now**, where 0 is 'no pain' and 10 is 'pain as bad as could be'?
*(Please cross **one** box only)*

**No pain** — **Pain as bad as could be**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

9. The following questions have been designed to give us information as to how your **back pain** is affecting your ability to manage in everyday life. Please answer by crossing **one box in each section** for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply, but please just put a cross in the **one box** that indicates the statement which **most closely describes your problem**.

**Section 1: Pain Intensity**

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Please continue to answer the questions by putting a cross in the **one box** that indicates the statement which most clearly describes your problem.

**Section 2: Personal Care** (e.g. washing, dressing)

- ☐ I can look after myself normally without causing extra pain
- ☐ I can look after myself normally but it causes extra pain
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but can manage most of my personal care
- ☐ I need help every day in most aspects of self-care
- ☐ I do not get dressed, wash with difficulty and stay in bed

**Section 3: Lifting**

- ☐ Not applicable
- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives me extra pain
- ☐ Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (e.g. on a table)
- ☐ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- ☐ I can only lift very light weights
- ☐ I cannot lift or carry anything

**Section 4: Walking**

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 1 mile
- ☐ Pain prevents me from walking more than ½ mile
- ☐ Pain prevents me from walking more than 100 yards
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

Please continue to answer the questions by putting a cross in the **one box** that indicates the statement which most clearly describes your problem.

**Section 5: Sitting**

- [ ] I can sit in any chair as long as I like
- [ ] I can only sit in my favorite chair as long as I like
- [ ] Pain prevents me sitting more than one hour
- [ ] Pain prevents me from sitting more than 30 minutes
- [ ] Pain prevents me from sitting more than 10 minutes
- [ ] Pain prevents me from sitting at all

**Section 6: Standing**

- [ ] I can stand as long as I want without extra pain
- [ ] I can stand as long as I want but it gives me extra pain
- [ ] Pain prevents me from standing for more than 1 hour
- [ ] Pain prevents me from standing for more than 30 minutes
- [ ] Pain prevents me from standing for more than 10 minutes
- [ ] Pain prevents me from standing at all

**Section 7: Sleeping**

- [ ] My sleep is never disturbed by pain
- [ ] My sleep is occasionally disturbed by pain
- [ ] Because of pain I have less than 6 hours sleep
- [ ] Because of pain I have less than 4 hours sleep
- [ ] Because of pain I have less than 2 hours sleep
- [ ] Pain prevents me from sleeping at all

Please continue to answer the questions by putting a cross in the **one box** that indicates the statement which most clearly describes your problem.

**Section 8: Sex Life**

- ☐ Not applicable
- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☐ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

**Section 9: Social Life**

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but increases the degree of pain
- ☐ Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

**Section 10: Travelling**

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from travelling except to receive treatment

For the following questions, please tell us to **what extent you find it problematic** to carry out the activities listed below **because of your back pain**.

**For each activity,** please **cross one box** that best describes how you are **today.**

**How problematic** it is for you, because of your back pain to:

| | Not at all problematic | To a small extent | To some extent | To a large extent | Not applicable |
|---|---|---|---|---|---|
| 10. Dress yourself..... | | | | | |
| 11. Stand for less than 10 minutes..... | | | | | |
| 12. Stand for more than 60 minutes..... | | | | | |
| 13. Bend down..... | | | | | |
| 14. Sit for less than 10 minutes..... | | | | | |
| 15. Sit for more than 60 minutes..... | | | | | |
| 16. Walk for less than 10 minutes..... | | | | | |
| 17. Walk for more than 60 minutes..... | | | | | |
| 18. Climb stairs..... | | | | | |
| 19. Do housework..... | | | | | |
| 20. Carry light objects..... | | | | | |
| 21. Carry heavy objects..... | | | | | |
| 22. Get up/ sit down..... | | | | | |
| 23. Push a shopping trolley..... | | | | | |
| 24. Run..... | | | | | |
| 25. Carry out sporting activities..... | | | | | |
| 26. Lie down..... | | | | | |
| 27. Roll over in bed..... | | | | | |
| 28. Have a normal sex life..... | | | | | |
| 29. Push something with one foot..... | | | | | |

Please answer the following questions by putting a cross in **one** box.

30. How much back pain do you experience:

| | None | Some | Moderate | Considerable |
|---|---|---|---|---|
| a. In the morning..... | ☐ | ☐ | ☐ | ☐ |
| b. In the evening..... | ☐ | ☐ | ☐ | ☐ |

31. To what extent because of your back pain:

| | Not at all | To a small extent | To some extent | To a large extent |
|---|---|---|---|---|
| a. Has your leg/ legs given way?..... | ☐ | ☐ | ☐ | ☐ |
| b. Do you do things more slowly?..... | ☐ | ☐ | ☐ | ☐ |
| c. Is your sleep interrupted? ..... | ☐ | ☐ | ☐ | ☐ |

## Section B - Your general health

In the following section we are asking for your views about your general health.

For the following questions, please **cross one box on each line** that best describes your answer. Remember to think about your **general health** at **present.**

1. In **general**, would you say your health is…

| Excellent | Very good | Good | Fair | Poor |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

2. The following questions are about **activities** you might do **during a typical day**. Does **your health now limit you** in these activities? If so, **how much**?

| | | Yes, limited a lot | Yes, limited a little | No, not limited at all |
|---|---|---|---|---|
| a) | **Moderate activities**, such as moving a table, pushing a vacuum, bowling or playing golf..... | ☐ | ☐ | ☐ |
| b) | Climbing **several** flights of stairs..... | ☐ | ☐ | ☐ |

3. During the **last week**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your **physical health**?

| | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|---|
| a) | **Accomplished less** than you would like..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) | Were limited in the **kind of work** or other activities..... | ☐ | ☐ | ☐ | ☐ | ☐ |

4. During the **last week**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

| | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|---|
| a) | **Accomplished less** than you would like..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) | Did work or **activities less carefully** than usual..... | ☐ | ☐ | ☐ | ☐ | ☐ |

Remember to think about your **general health** at **present.**

The following questions relate to your general health in **the last week.**

5. During the **last week** how much did **pain** interfere with your normal work (including work both outside the home and housework)?

| Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

These questions are about how you feel and how things have been with you during the **last week**. For each question, please give the one answer that comes closest to the way you have been **feeling**.

6. How much time during the last week:

| | | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|---|
| a) | Have you felt calm and peaceful?..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) | Did you have a lot of energy? | ☐ | ☐ | ☐ | ☐ | ☐ |
| c) | Have you felt downhearted and depressed?..... | ☐ | ☐ | ☐ | ☐ | ☐ |

7. During the **last week**, how much of the time has your physical health or emotional problems interfered with your **social activities** (like visiting friends, relatives, etc.)?

| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

The following questions relate to your general health in **today.** Under each heading, please put a cross in the one box that best describes your health **today**.

8. **MOBILITY**

- [ ] I have no problems in walking about
- [ ] I have slight problems in walking about
- [ ] I have moderate problems in walking about
- [ ] I have severe problems in walking about
- [ ] I am unable to walk about

9. **SELF-CARE**

- [ ] I have no problems washing or dressing myself
- [ ] I have slight problems washing or dressing myself
- [ ] I have moderate problems washing or dressing myself
- [ ] I have severe problems washing or dressing myself
- [ ] I am unable to wash or dress myself

10. **USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)**

- [ ] I have no problems doing my usual activities
- [ ] I have slight problems doing my usual activities
- [ ] I have moderate problems doing my usual activities
- [ ] I have severe problems doing my usual activities
- [ ] I am unable to do my usual activities

Under the following heading please remember to put a cross in the one box that best describes your health **today**.

11. **PAIN / DISCOMFORT**

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

12. **ANXIETY / DEPRESSION**

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

**Please continue and answer all of the questions on page 15.**

## Section C - About you

1. What is your **date of birth**? | | | | | 1 | 9 | | |

2. What is your highest qualification? (Please cross one box)

- ☐ ....O-level, CSE, GCSE or equivalent
- ☐ ....A-level, BTEC, HNC or equivalent
- ☐ ....Degree or postgraduate qualification
- ☐ ....Other work related or vocational qualification e.g. City & Guilds, NVQs, technical apprenticeships, teaching or nursing qualifications

  Please specify.....
- ☐ ....Other qualification

  Please specify.....
- ☐ ....No qualifications

3. What is your current marital status? ***(please put a cross in one box only)***

| | | | |
|---|---|---|---|
| Married..... | ☐ | Widowed..... | ☐ |
| Separated..... | ☐ | Cohabiting..... | ☐ |
| Divorced..... | ☐ | Single..... | ☐ |

4. Do you live alone?

| | | | |
|---|---|---|---|
| Yes..... | ☐ | No..... | ☐ |

5. How many children do you have? ☐ children

6. Including this pregnancy, how many times have you been pregnant ?

☐ Times

7. What is your height?

☐☐ feet ☐☐ inches **OR** ☐☐☐ cms

8. What is your current weight?

☐☐ stones ☐☐ lbs **OR** ☐☐☐ kgs

9. What was your weight immediately before this pregnancy?

☐☐ stones ☐☐ lbs **OR** ☐☐☐ kgs

10. What is your current or most recent paid job title?

.....

11. How would you rate the physical demands of your current or most recent paid job?
*(Please cross **one** box)*

☐ Light

☐ Moderate

☐ Heavy

☐ Very heavy

☐ Not applicable

12. Which of the following best describes your **current** situation (we realise that you may currently be on maternity leave)? *(Please cross **one** box)*

Working full-time in a paid job..... ☐

Working part-time in a paid job..... ☐

Employed but currently off sick due to back pain..... ☐

Employed but currently off sick due to other health reason ... ☐

Employed but currently on maternity leave..... ☐

*Please continue with **question 13***

Housewife/ stay at home mum..... ☐

Unemployed due to back pain..... ☐

Unemployed for other health reason..... ☐

Unemployed for other reason..... ☐

Student..... ☐

Other *(please specify)*..... ☐

.....

*Please continue with **section D**, **on page 19***

13. Have you **taken time off work since the start of your pregnancy** because of your back pain? *(Please put a cross in **one** box only)*

Yes..... ☐ No..... ☐

**If yes,** please write the **total number** of days, weeks or months you were off work due to your back pain **since the start of your pregnancy**.

☐ Days

☐ Weeks

☐ Months

*Please only enter a number in **one** of these boxes*

14. On average, to what extent has your back pain affected your **performance at work** since your pain started? *(Please put a cross in **one** box only)*

| **Not at all** | | | | | | | | | | **The pain is so bad that I am unable to do my job** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

15. If you take into consideration your work routines, management, salary, promotion possibilities and co-workers, how satisfied are you with your work?
*(Please put a cross in **one** box only)*

| **Not at all satisfied** | | | | | | | | | | **Completely satisfied** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Please continue and answer all of the questions on page 19.**

## Section D - Treatment and care

1. So far since this pregnancy started, have you personally bought any **over-the-counter medicines** (items that you buy from the chemist / supermarket), **treatments** or **appliances** to help your **back pain**?

These can include painkillers, creams, sprays, heat pads, massage oils, TENS machine, belts or corsets etc, as well as any herbal or complementary remedies. *(Please cross **one** box)*

Yes..... ☐ *Please complete the table below to give us some details.*

No..... ☐ *Please turn to **question 2** on the next page.*

*Please give details of all the medicines or treatments you have used for your back pain **since the beginning of this pregnancy…***

| Medicine / treatment / appliance | Cost (£) |
|---|---|
| *For example - support belt/ brace* | *£9.50* |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

2. Since the beginning of this pregnancy, have you been **prescribed any medicines, treatments or appliances** (e.g. painkillers, TENS, heat pads) for your **back pain**?
*(Please cross **one** box)*

Yes…….. ☐ *Please complete the table below to give us some details.*

No…….. ☐ *Please continue to answer **question 3** below.*

*Please give details of all treatments or medications you have been prescribed for your back pain….*

| Medicine/ appliance prescribed | Tablets per day | Dosage per tablet | Length of supply |
|---|---|---|---|
| *Example* | *3* | *200mg* | *1 month* |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Before this study begins, we want to know about **your preferences** for the **different treatments** you **may** receive as part of this study.

3. Do you have **a preference** for the **type of treatment** you receive?

Yes…..…… ☐ No…….. ☐

4. If you had a free choice, **which treatment would you choose** for your back pain?

(Please **put a cross in one box only**)

Usual care..... ☐

Usual care plus acupuncture..... ☐

No preference..... ☐

Other (please give details)..... ☐

.....

The following questions are about your **expectations** about the different treatments being offered in the study.

5. On a scale where 0 is **no change at all** and 10 is **completely better**, please **put a cross** through the number which best describes how much you would **expect** your back problem **to improve** with each of the following treatments:

a) Usual care

| **No change at all** | | | | | | | | | | **Completely better** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

b) Usual care plus acupuncture

| **No change at all** | | | | | | | | | | **Completely better** |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

## End of Questionnaire

**Please check that you have answered all the questions in the EASE BACK questionnaire. Now please hand this questionnaire to the research midwife or research nurse.**

**Thank you very much for your help.**

**The remainder of this questionnaire is for office use only and will be completed by the research midwife or research nurse.**

1. Self-assessed P4 test

Is the woman's familiar pain produced or increased in the lumbar or sacro-iliac area?

Yes..... ☐

No..... ☐

Unable to perform test..... ☐

2. Bridging with extension of the leg

Is the woman's familiar pain produced or increased in the lumbar or sacro-iliac area?

Yes..... ☐

No..... ☐

Unable to perform test..... ☐