
Participant study ID number

Facet Joint Injection Study

Baseline Questionnaire

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study. The answers you give in this questionnaire will help us understand your experiences when making a treatment decision for your low back pain.

Please answer all the questions. Although it may seem that questions are asked more than once, it is still important that you answer every one.

Please follow the instructions for each section carefully.

Section 1

1. Date you are completing this questionnaire: |_|_| |_|_| |_|_|
day month year

2. What is your date of birth: |_|_| |_|_| |_|_|

3. Gender: Male _1 Female _2

4. What is your ethnic origin? *(Please tick one)*

1.1.1.1 White

- 01 British
- 02 Irish
- 03 Any other White background, please specify.....

1.1.1.2 Mixed

- 04 White and Black Caribbean
- 05 White and Black African
- 06 White and Asian
- 07 Any other Mixed background, please specify.....

1.1.1.3 Asian or Asian British

- 08 Indian
- 09 Pakistani
- 10 Bangladeshi
- 11 Any other Asian background, please specify.....

1.1.1.4 Black or Black British

- 12 Caribbean
- 13 African
- 14 Any other Black background, please specify.....

1.1.1.5 Chinese or other ethnic group

- 15 Chinese
- 16 Any other background, please specify.....

5. At what age did you leave full time education?or-

I am still in full-time education (please tick the box)

Work Status

2. Are you currently working?

- 1 Yes, full time
- 2 Yes, part time
- 3 No (*Please go to question 8*)

3. How many hours of paid work do you do per week? ■ hours per week

4. If you are **not** currently working which of the following applies to you?

- 1 Retired
- 2 At home and not looking for paid work (e.g. looking after home, family or others)
- 3 Unable to work due to low back pain
- 4 Unable to work due to other illness
- 5 Unemployed and looking for work
- 6 In full time education
- 7 Other (Please describe) _____

5. How **satisfied** are you with your current health, in relation to your low back pain?

- Very dissatisfied
- Somewhat dissatisfied
- Neither satisfied nor dissatisfied
- Somewhat satisfied
- Very satisfied

Section 2

This section is about your back pain today. When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you today.

As you read the list, think of yourself today. When you read a sentence that describes you today, place a cross in the box beside it. If the sentence does not describe you, then leave the box blank and go on to the next one. Remember, only place a cross if you are sure that it describes you today.

1. I stay at home most of the time because of my back.
2. I change positions frequently to try and get my back comfortable.
3. I walk more slowly than usual because of my back.
4. Because of my back, I am not doing any of the jobs that I usually do around the house.
5. Because of my back, I use a handrail to get upstairs.
6. Because of my back, I lie down to rest more often.
7. Because of my back, I have to hold on to something to get out of an easy chair.
8. Because of my back, I try to get other people to do things for me.
9. I get dressed more slowly than usual because of my back.
10. I only stand up for short periods of time because of my back.
11. Because of my back, I try not to bend or kneel down.
12. I find it difficult to get out of a chair because of my back.
13. My back is painful almost all the time.
14. I find it difficult to turn over in bed because of my back.
15. My appetite is not very good because of my back pain.
16. I have trouble putting on my socks (or stockings) because of the pain in my back.
17. I only walk short distances because of my back pain.
18. I sleep less well because of my back.
19. Because of my back pain, I get dressed with help from someone else.
20. I sit down for most of the day because of my back.
21. I avoid heavy jobs around the house because of my back.
22. Because of my back pain, I am more irritable and bad tempered with people than usual.
23. Because of my back, I go upstairs more slowly than usual.
24. I stay in bed most of the time because of my back.

Section 3

This section is about how much your back trouble has been interfering with your daily activities in recent weeks.

For the next six questions please circle the number which represents how your back pain has made you feel over the last 4 weeks.

1. In the **past 4 weeks**, how much has your back pain interfered with your daily activities on a scale of 0-10 where 0 is 'no interference' and 10 is 'unable to carry out any activities at all'?

'no interference'											'unable to carry out any activities at all'
0	1	2	3	4	5	6	7	8	9	10	

2. In the **past 4 weeks**, how much has your back pain changed your ability to take part in recreational, social and family activities on a scale of 0-10 where 0 is 'no change' and 10 is 'extreme change'?

'no change'											'extreme change'
0	1	2	3	4	5	6	7	8	9	10	

3. In the **past 4 weeks**, how much has your back pain changed your ability to work (including housework) on a scale of 0-10 where 0 is 'no change' and 10 is 'extreme change'?

'no change'											'extreme change'
0	1	2	3	4	5	6	7	8	9	10	

4. In the **past 4 weeks**, how bad has your worst back pain been on a scale of 0-10 where 0 is 'no pain' and 10 is 'as bad as a pain could be'?

'no pain'											'as bad as pain could be'
0	1	2	3	4	5	6	7	8	9	10	

5. In the **past 4 weeks**, on average how bad has your back pain been on a scale of 0-10 where 0 is 'no pain' and 10 is 'as bad as a pain could be'?

'no pain'											'as bad as pain could be'
0	1	2	3	4	5	6	7	8	9	10	

6. How would you rate your back pain **today** on a scale of 0-10 where 0 is 'no pain' and 10 is 'as bad as a pain could be'.

	'no pain'										'as bad as pain could be'
0	1	2	3	4	5	6	7	8	9	10	

Section 4 The following questions are to ask about your general health state at the moment. Under each heading, please tick the **ONE** box that best describes your health TODAY.

Note – The EuroQol EQ5D 5L was presented here.

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See: <http://www.euroqol.org/eq-5d-products/eq-5d-5l.html>

Section 5

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please place a cross in the one box that best describes your answer.

Note – the Optum Short Form 12 Health survey questionnaire (SF-12) was presented here.

As this is a licenced product we cannot reproduce it within this report.

See:

<https://campaign.optum.com/optum-outcomes/what-we-do/health-surveys/sf-12v2-health-survey.html>

Section 6

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

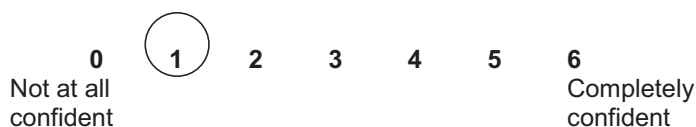
We would like to know how you have been feeling in the last few weeks. Please circle a number for each statement indicating how often you feel that way.

		Almost never				Almost all the time
1	I feel like a failure	1	2	3	4	5
2	I get a frightened feeling, as if something awful is about to happen	1	2	3	4	5
3	I feel guilty	1	2	3	4	5
4	I can laugh and see the funny side of things	1	2	3	4	5
5	I am disappointed in myself	1	2	3	4	5
6	I get a frightened feeling, like butterflies in the stomach	1	2	3	4	5
7	I feel cheerful	1	2	3	4	5
8	I blame myself constantly	1	2	3	4	5
9	I get a sudden feeling of panic	1	2	3	4	5
10	I look forward with enjoyment to things	1	2	3	4	5
11	I think about harming myself	1	2	3	4	5

Section 7

Please rate how confident you are that you can do the following things at present, despite the pain. To answer circle one of the numbers on the scale under each item, where 0 = 'not at all confident' and 6 = 'completely confident'.

For example



Remember, this questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them at present, despite the pain.

	Not at all confident						Completely Confident	
	0	1	2	3	4	5	6	
1. I can enjoy things, despite the pain	0	1	2	3	4	5	6	
2. I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain	0	1	2	3	4	5	6	
3. I can socialise with my friends or family members as often as I used to do, despite the pain	0	1	2	3	4	5	6	
4. I can cope with my pain in most situations	0	1	2	3	4	5	6	
5. I can do some form of work, despite the pain. ('work' includes housework, paid and unpaid work).	0	1	2	3	4	5	6	
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain	0	1	2	3	4	5	6	
7. I can cope with my pain without medication	0	1	2	3	4	5	6	
8. I can still accomplish most of my goals in life, despite the pain	0	1	2	3	4	5	6	
9. I can live a normal lifestyle, despite the pain	0	1	2	3	4	5	6	
10. I can gradually become more active, despite the pain	0	1	2	3	4	5	6	

Section 8

In this section you are asked about your pain in general and how it impacts upon your life and how your back pain affects you and how you would like to see it improve.

During the past month, how troublesome have each of the following symptoms been? (Please mark the appropriate box (with a cross 'x') on each row for each area that you have pain)

	No pain experienced	Not at all troublesome	Slightly troublesome	Moderately troublesome	Very troublesome	Extremely troublesome
Head ache						
Neck pain						
Shoulder pain						
Elbow pain						
Wrist / hand pain						
Chest pain						
Abdominal pain						
Upper back pain						
Lower back pain						
Hip/thigh pain						
Knee pain						
Ankle/foot pain						
Other pains						

Now please complete the questionnaire to tell us how your life is currently affected by your **back pain** and how you would like to see it improve.

PART 1: List Area

In this part we would like you to think of 5 most important areas of your life affected by your back pain and write these in the boxes below

If you cannot think of 5 areas then just fill as many boxes as you want. Some examples are provided below

Pain; Work; Driving; Sleep; Fatigue; Social life; Hobbies; Completing tasks; Relationships - with family or friends; Feeling depressed; Loss of self-esteem; Walking; Slow to do things; Travelling; Sexual relations; Self-image; Pain; work; recreation with family; feeling depressed; loss of self esteem; driving; sleep; fatigue; housework.

All other areas of your life affected by your back pain, not already mentioned.

PART 2: Score Areas

Please score each area you listed in Part I. The score should show how badly you were affected by your back in the areas listed **today**. Give each area a score by circling the number.

In the same way, we would like you to rate "All other aspects of your life affected by your back pain, not already mentioned". By this we mean all other aspects of life affected by your back and not included in the list you gave.

As bad as could possibly be	<i>Please circle one number on each line</i>						As good as could possibly be
0	1	2	3	4	5	6	
0	1	2	3	4	5	6	
0	1	2	3	4	5	6	
0	1	2	3	4	5	6	
0	1	2	3	4	5	6	
0	1	2	3	4	5	6	

PART 3: Spend Points

Now imagine that any or all of the areas of your life mentioned in PART I could be improved. You have 10 imaginary points to spend to improve any or all of these areas.

Give more points to areas you would most like to improve and less to areas that are not so important. You don't have to spend points in every area, but don't spend more than 10 points in total.

Total number of points that you spend must add up to 10

Total = 10

Section 9. Medication

1. **In the last three months**, have you **USED** any prescribed or bought over the counter **medication because of your back pain?**

Yes

No

2. If **yes**, please fill in the details in the tables below. Paracetamol is given as an example of how we would like you to complete the table. Include all back pain related medications. The table is split into three sections (Tablets, Gels and Patches). You may find it helpful to look on the packaging of your medication for some of the details. *If you need to, please continue on the last page of this booklet.*

Medication	Usual Dose	Number of times daily	Number of days used	On prescription?
Paracetamol 250mg	2 tablets	2	8 days	No

<u>Pain relief gels</u> Medication (name)	Number of times daily	Number of days used	On prescription?
Ibugel	twice	4 days	Yes

<u>Pain relief patches</u> Medication (name)	Number used	On prescription?
BuTrans	4	Yes