

Participant Study ID number

**Facet Joint Injection Study**

**Three-Month Follow up 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.

---

Date you are completing this questionnaire:

day		month		year			

### **Section 1**

**By placing a cross in one box for each question below, please indicate which statement best describes your feelings towards the treatment or advice you have received for your back pain since you joined the study on dd/mm/yyyy (date of enrolment) .**

1. How satisfied are you with the treatment you received for your back pain?

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

2. How much benefit have you gained from the treatment or advice you have received for your lower back pain since you joined the study on dd/mm/yyyy (date of enrolment).

- Substantial harm
- Moderate harm
- No benefit
- Moderate benefit
- Substantial benefit

3. Since joining the study on dd/mm/yyyy (date of enrolment) how would you describe the change in your ability to perform daily tasks?

- Vastly worse
- Much worse
- Slightly worse
- No change
- Slightly better
- Much better
- Completely better

1. Since joining the study on dd/mm/yyyy (date of enrolment) how would you describe the change in your low back pain?

- Vastly worse
- Much worse
- Slightly worse
- No change
- Slightly better
- Much better
- Completely better

2. 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: Your back pain over the past 4 weeks**

1. If you have had back pain in the **past 4 weeks**, please indicate what was the usual intensity of your pain on a scale of 0 to 10, where 0 means “no pain” and 10 means “the worst pain imaginable”? (Please circle your answer)

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

2. During the last **4 weeks**, how troublesome have you lower back pain symptoms been?

- No pain experienced
- Not at all troublesome
- Slightly troublesome
- Moderately troublesome
- Very troublesome
- Extremely troublesome

### Section 3

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 4

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 5** 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.

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

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

## **Section 6**

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 7

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.**

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



**Section 8**

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 9**

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.

Now please complete the questionnaire to tell us how your life is currently affected by your back pain.

PART 1: List Area	PART 2: Score Areas
<p>When you completed this questionnaire <b>3-months ago</b>, you told us the following areas were the most important areas of your life affected by your back pain</p>	
We complete	<p>The worst you can imagine      <i>Please circle one number on each line</i>      Exactly as you would like to be</p> <p>0   1   2   3   4   5   6</p>
We complete	<p>0   1   2   3   4   5   6</p>
We complete	<p>0   1   2   3   4   5   6</p>
We complete	<p>0   1   2   3   4   5   6</p>
We complete	<p>0   1   2   3   4   5   6</p>
All other areas of your life affected by your back pain, not already mentioned.	<p>0   1   2   3   4   5   6</p>

## Section 10

The following pages contain questions about the expenses you have incurred and the services you have used since joining the study, related to your back pain, including any help and support provided by your family and friends.

Some question will seem more relevant than others, but please try to answer all the questions. If you are unsure about any answer then please include as much as you can remember.

### Medication

1. Since joining the study on dd/mm/yyyy (date of enrolment), 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

## **NHS Treatments only (Private treatments are later)**

### **1. Inpatient Care (admitted to hospital overnight)**

1.1 **Since joining the study on dd/mm/yyyy (date of enrolment)**, have you been admitted to hospital? **(Back pain related only)**

Yes

No  Go to question 2 below

1.2 If **yes**, please provide details of each hospital admission in the table below:

<b>Name of hospital</b>	<b>Name/Type of ward</b>	<b>Total length of stay</b>
		nights
		nights
		nights

### **2. Day Case treatment**

2.1 **Since joining the study on dd/mm/yyyy (date of enrolment)**, have you been re-admitted to hospital as a day patient? **(Back pain related only)**

Yes

No  Go to question 3

2.2. If **yes**, please provide details of each hospital admission in the table below:

<b>Name of hospital</b>	<b>Name/Type of ward</b>	<b>Total length of stay</b>
		days
		days
		days

## 1. Outpatient Care

- 1.1 **Since joining the study on dd/mm/yyyy (date of enrolment)**, have you made any visits to hospitals or clinics as an outpatient (for an appointment at a hospital but not admitted, but **not** including treatments as part of the study)? **(Back pain related only)**

Yes

No  Go to question 4 on next page

- 1.2 If **yes**, please provide details in the table below. If the clinic or specialty is not listed, please feel free to write this in.

Type of service or clinic	Have you used this service? <i>(Please circle)</i>	Number
Consultant (pain clinic, specialist clinic)	YES / NO	
Physiotherapist	YES / NO	
Radiology :MRI scan	YES / NO	
Radiology :CT scan	YES / NO	
Radiology :x-ray	YES / NO	
Radiology :ultrasound	YES / NO	
Blood tests (count all blood tests done on one day, as one test)	YES / NO	
Hospital A&E	YES / NO	
Other service Please provide details .....		
Other service Please provide details .....		

## 1. Community health and social care

- 1.1 **Since joining the study on dd/mm/yyyy (date of enrolment)**, have you been in contact with any other health or social care professionals in the community? *Examples include your GP, the practice or community nurse, social worker and home help visitors. (Back pain related only and not including services paid for privately)*

Yes

No  Go to question 5 on next page

If **yes**, please indicate the person you saw and how often you saw them. If the person isn't listed then feel free to write this in.

	Have you used this service? (Please circle)	Number of contacts
GP surgery visit	YES / NO	
GP home visit	YES / NO	
Practice nurse	YES / NO	
District nurse surgery visit	YES / NO	
District home nurse	YES / NO	
Rehabilitation Specialist	YES / NO	
Physiotherapist surgery visit	YES / NO	
Physiotherapist home visit	YES / NO	
Occupational therapist	YES / NO	
Counsellor	YES / NO	
Psychologist	YES / NO	
Social worker	YES / NO	
Other: Please provide details below:	YES / NO	

## 1. Private treatment

- 1.1 **Since joining the study on dd/mm/yyyy (date of enrolment)**, have you received any health care you paid for yourself, or paid for through private insurance? *Please do not include any treatment paid for by the NHS. (Back pain related only)*

Yes

No  Go to question 6 on next page

If **yes**, please indicate the person you saw and how often you saw them. If the person isn't listed then feel free to write this in. Please also provide an estimate of the total cost of this private health care to the nearest pound.

	Have you used this service? (Please circle)	Number of contacts	Total Cost: Medical Insurance Contribution	Total Cost: Personal Contribution
Physiotherapist	YES / NO		£	£
Occupational therapist	YES / NO		£	£
counsellor	YES / NO		£	£
Psychologist	YES / NO		£	£
Radiology :MRI scan	YES / NO		£	£
Radiology :CT scan	YES / NO		£	£
Radiology :x-ray	YES / NO		£	£
Radiology :ultrasound	YES / NO		£	£
Consultant service	YES / NO		£	£
Osteopath	YES / NO		£	£
Chiropractor	YES / NO		£	£
Acupuncturist	YES / NO		£	£
Homeopath	YES / NO		£	£
Other: Please provide details below:	YES / NO		£	£
Other: Please provide details below:	YES / NO		£	£

## 1. Special Equipment or aids

- 1.1 Have you used any special equipment or aids provided by health or social services or other providers to help you **since you joined the study on dd/mm/yyyy (date of enrolment)** (e.g. wheelchair, stair handrails)? **(Back pain related only)**

Yes

No  Go to question 8

- 1.2 If **yes**, please describe below the equipment or aids provided to you, and any costs incurred for their use.

Description of equipment or aid used	Who provided it? (e.g. health services, social services, self)	Cost to you (if none, please write '0')
		£
		£
		£
		£
		£



**1. Additional Information**

1.1 **Since you joined the study on dd/mm/yyyy (date of enrolment)** have you or your partner, relatives and friends incurred any additional costs as a result of your contact with health or social care services or your general health state (either planned or unplanned)? **(Back pain related only)**

Yes  No  Go to question 9

1.2 If **yes**, please provide details in the following table:

Additional Costs	Have you incurred this form of additional cost to attend health/social care appointments?	Cost to you (if none, please write '0')	Cost to partner/ relatives/ friends (if none, please write '0')
Travel costs (e.g. bus fares)	YES / NO	£	£
Child care costs	YES / NO	£	£
Cost of help with housework	YES / NO	£	£
Cost of laundry services	YES / NO	£	£
Other: Please specify: ..... .....			
Other: Please specify: ..... .....			

## 1. Time off work

1.1 Are you currently working? Yes  No

1.2 If **no**, please tick main reason

Because of your health

Because you are retired?

For other reasons? (Please specify)

---

9.3 Since you joined the study on dd/mm/yyyy (date of enrolment), have you taken any time off work or lost any income because of your health?

Yes  No

9.4 If **yes**, please provide details below:

Days lost:  Income lost: £

### Additional Information

If you need more space to answer any of the questions, please continue your answers here. Don't forget to write down **the number of the question** you are answering so we know where to record the information