Report Supplementary Material 14 Pre-treatment Form

THE UNIVERSITY of York



CONFIDENTIAL

United Kingdom Frozen Shoulder Trial (UK FROST)

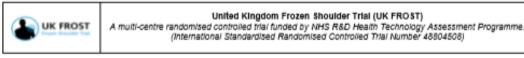
Pre-treatment form

Please use a black or blue pen to complete the questionnaire.

There are no right or wrong answers – answer the questions as honestly as you can.

The responses you give will be treated in the utmost confidence.

Depending on the patient's treatment allocation the designated individual should ask the patient to complete this form on: <u>the day when the steroid</u> <u>injection is given or the first day of their physiotherapy, whichever is the first</u> <u>to be delivered</u> OR on the <u>day of their operation</u> . The form should be completed BEFORE treatment starts.							
Participant ID Number:							
Date when questionnaire completed:	day month /	year					
Please return the completed form in the pre-paid envelope provided.							



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	Section 1: PROBLEMS WITH YOUR SHOULDER							
	Please tick (\checkmark) <u>one</u> box for <u>every</u> question.							
1.	. During the past 4 weeks							
	How would yo	How would you describe the worst pain you had <u>from your shoulder</u> ?						
	None	Mild	Moderate	Severe	Unbearable			
2.	During the past 4 weeks							
	Have you had any trouble dressing yourself because of your shoulder?							
	No trouble	A little bit	Moderate	Extreme	Impossible			
	at all	of trouble	trouble	difficulty	to do			
3.	During the past 4 weeks Have you had any trouble getting in and out of a car or using public transport <u>because of your shoulder</u> ? (whichever you tend to use)							
	No trouble	A little bit	Moderate	Extreme	Impossible			
	at all	of trouble	trouble	difficulty	to do			
4. During the past 4 weeks								
	Have you been able to use a knife and fork - <u>at the same time</u> ?							
	Yes,	With little	With moderate	With extreme	No,			
	easily	difficulty	difficulty	difficulty	impossible			
5.	. During the pa	ast 4 weeks						
	Could you do	the household s	hopping <u>on your o</u>	<u>wn</u> ?				
	Yes,	With little	With moderate	With extreme	No,			
	easily	difficulty	difficulty	difficulty	impossible			
6.	6. During the past 4 weeks							
	Could you car	ry a tray contair	ning a plate of food	across a room?				
	Yes,	With little	With moderate	With extreme	No,			
	easily	difficulty	difficulty	difficulty	impossible			
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7.	During the past 4 weeks						
	Could you brush/comb your hair with the affected arm?						
	Yes, easily	With little difficulty	With moderate difficulty	With extreme difficulty	No, impossible		
8.	During the past 4 weeks						
	How would you describe the pain you usually had from your shoulder?						
	None	Very mild	Mild	Moderate	Severe		
9.	During the past 4 weeks						
	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		
10.	10. During the past 4 weeks						
	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		
11. During the past 4 weeks							
	How much has <u>pain from your shoulder</u> interfered with your usual work (including housework)?						
	Not at all	A little bit	Moderately	Greatly	Totally		
12.	12. During the past 4 weeks						
	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		

Please check back that you have answered each of the previous twelve questions and then continue with the rest of the questionnaire.

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If you have any comments about your shoulder problem, your treatment, or this study please write them here.

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE

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