

COPERS STUDY



COping with persistent Pain, Effectiveness Research into Self-management

BASELINE QUESTIONNAIRE

Confidential

Dear Participant.

The aim of this questionnaire is to find out your current health state and feelings about living with chronic pain before you participate in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team in London 020 7882 2546 or Warwick 024 7657 2905.

THANK YOU for being part of our study. We look forward to receiving your questionnaire.

COPERS Study Team

Section 1. ABOUT YOUR PAIN

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

| 1. How is your health in general? Please tick (✓) one | | | | | | | | | |
|---|------------------|------------------------|----------------|-------------|--------------|-----------------------|--|--|--|
| Very good | 1 (| Good | Fair | Bad | I | Very bad | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2. How long | have you | had your pair | 1? Please tick | (√) one | | | | | |
| 0 – 3 months | 4 – 12 months | 13 months – 2 years | 3 – 4 years | 5 – 6 years | 7 - 10 years | More than 10 years | | | |
| | | | | | | | | | |

| Participant ID N | lo.: |
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Section 1. ABOUT YOUR PAIN continued...

| 3. 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 tick (✓) one | | | | | | | | | | |
|--|-------------------|---|--------|-------|--------|---------|---------|--------|--------|-------------------------------|
| No pain | | | | | | | | | | Pain as bad as could be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | he foll er/box | _ | questi | ons w | rith a | scale (| of 0-10 | , plea | se tic | k one |
| | where | | | | | - | | - | | n a 0-10 ease tick |
| No pain | | | | | | | | | | Pain as bad as could be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | rated on '? (That |
| | | | | - | | - | | | | (✓) one |
| No pain | | | | | | | | | | Pain as bad as could be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| 6. About how many days in the last six months have you been kept from your usual activities (work, school or housework) because of this pain? Please tick (✓) one | | | | | | | | | | |
| 0 – 6 da | , | , | | | | | | | | |
| 7 – 14 | | | | | | | | | | |
| 15 – 30 | | | | | | | | | | |
| 31 or n | nore day | e | | | | | | | | |

| Participant ID | No.: |
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Section 1. ABOUT YOUR PAIN continued...

| 7 15 44 | | | | | | | | | | |
|---|--------|-------|--------|-------|---------|-----------|---------|--------|------|-------------------------------------|
| 7. In the past six months, how much has this pain interfered with your daily activities rated on a 0-10 scale where 0 is 'no interference' and 10 'unable to carry on activities'? Please tick (\checkmark) one | | | | | | | | | | |
| No interferer | nce | | | | | | | | | Unable to carry on activities |
| 0 | | 1 | 2 | 3 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | ı | | | | | | | | | |
| | • | | | | | | | _ | | ability to |
| take postange No change | | | | • | | | | | here | 0 is 'no Extreme change |
| i | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 □ | 7 | 8 | 9 | 10 |
| 9. In th work (i change | e past | six m | onths, | how m | nuch ha | s this i | pain ch | anged | □ □ | ability to 'extreme |
| 9. In th | e past | six m | onths, | how m | nuch ha | s this i | pain ch | anged | □ □ | ability to |
| 9. In the work (in change No change | e past | six m | onths, | how m | nuch ha | as this p | pain ch | nanged | □ □ | ability to 'extreme |

Section 2. QUALITY OF LIFE

Please tick which statements best describe your own health state today.

| 1. Mobility Please tick (✓) one | |
|--|--|
| I have no problems walking about | |
| I have some problems walking about | |
| I am confined to bed | |
| | |
| 2. Self-care Please tick (✓) one | |
| I have no problems with self-care | |
| I have some problems washing or dressing myself | |
| I am unable to wash or dress myself | |
| | |
| 3. Usual activities such as work, study, housework family or leisure Please tick (✓) one | |
| I have no problems with performing my usual activities | |
| I have some problems with performing my usual activities | |
| I am unable to perform my usual activities | |
| | |
| 4. Pain/Discomfort Please tick (✓) one | |
| I have no pain or discomfort | |
| I have moderate pain or discomfort | |
| I have extreme pain or discomfort | |
| | |
| 5. Anxiety/Depression Please tick (✓) one | |
| I am not anxious or depressed | |
| I am moderately anxious or depressed | |
| I am extremely anxious or depressed | |
| | |

| Participant ID No.: | | | | | | | |
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| | , | Section | 3. CONF | FIDENCE | E | | |
| | espite the p | | | ou can do th Il confident' | | | |
| doing thes | - | ıt rather hov | _ | whether or you are that | - | | |
| 1. I can en | | , despite th | e pain Plea | ase tick (✓) | | ely confident | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| despite th | e pain Plea | usehold che ase tick (√) | | idying up, | | , | |
| Not confiden | t | 2 | 3 | 4 | Complet 5 | ely confident | |
| | Ġ | | ū | | | | |
| | | | | | | | |
| 3. I can socialise with my friends or family members as often as I used to, despite the pain Please tick (✓) one | | | | | | | |
| Not confiden | t 4 | • | 2 | 4 | - | ely confident | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| Ш | Ш | Ш | Ш | Ш | Ш | Ц | |
| | | | | | | | |
| 4. I can cope with my pain in most situations Please tick (✓) one Not confident Completely confident | | | | | | | |

| 4. I can co | | y pain in m | ost situatio | ons Please t | ` ' | ely confident |
|-------------|----|-------------|--------------|---------------------|-----|---------------|
| 0 | 1_ | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |

| 5. I can | | | | | | ' includes | | |
|--|---|---|---|---|--------|----------------|--|--|
| housework, paid and unpaid work) Please tick (✓) one | | | | | | | | |
| Not confident | t | | | | Comple | tely confident | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |

| Participant ID | No.: |
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Section 3. CONFIDENCE continued ...

| leisure acti | | ny of the to pite the pair | | | | |
|--|----------|-------------------------------|------------|---------------|-------------|--------------------|
| Not confident | | | | _ | _ | ely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 7. I can cop | e with m | y pain witho | out medica | tion Please | tick (✓) on | е |
| Not confident | | | | | Complete | ely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 8. I can still Please tick Not confident | | lish most of | f my goals | in life, desp | | n ely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 9. I can live | a norma | l lifestyle, d | espite the | pain Please | tick (✓) on | e |
| Not confident | | | | | Complete | ely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 10. I can g | radually | become mo | ore active | despite the | pain Plea | se tick (✓) |
| Not confident | | | | | Complet | ely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |

| Participant ID No.: | | | | | | | |
|---|------|--|------|--|--|--|--|
| Secti | on 4 | 4. MOOD | | | | | |
| Please read each item and tick the reply which comes closest to how you have been feeling in the past week. | | | | | | | |
| Don't take too long over your repli probably be more accurate than a | _ | our immediate reaction to each item thought out response. | will | | | | |
| 1. I feel tense or "wound up" | | 2. I still enjoy the things I used t | to | | | | |
| Please tick (✓) one | | enjoy Please tick (✓) one | | | | | |
| Most of the time | | Definitely as much | | | | | |
| A lot of the time | | Not quite as much | | | | | |
| From time to time, occasionally | | Only a little | | | | | |
| Not at all | | Hardly at all | | | | | |
| | | | | | | | |
| 3. I get a sort of frightened feeling as if something awful is about the happen Please tick (✓) one | • | 4. I can laugh and see the funny side of things Please tick (✓) one | | | | | |
| Very definitely and quite badly | | As much as I always could | | | | | |
| Yes, but not too badly | | Not quite so much now | | | | | |

A little but it doesn't worry me

5. Worrying thoughts go through

From time to time but not too often

A great deal of the time

A lot of the time

Only occasionally

my mind Please tick (✓) one

Not at all

Definitely not so much now

6. I feel cheerful

Please tick (✓) one

Not at all

Not at all

Not often

Sometimes

Most of the time

| Participant ID | No.: |
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Section 4. MOOD continued ...

| 7. I can sit at ease and feel related Please tick (✓) one | xed | 8. I feel as if I am slowed down Please tick (✓) one | |
|---|-----|---|-------|
| Definitely | | Nearly all of the time | |
| Usually | | Very often | |
| Not often | | Sometimes | |
| Not at all | | Not at all | |
| | | | |
| 9. I get a sort of frightened feeli like "butterflies" in the stomach Please tick (✓) one | _ | 10. I have lost interest in my appearance Please tick (✓) one | |
| Not at all | | Definitely | |
| Occasionally | | I don't take as much care as I should | |
| Quite often | | I may not take quite as much care | |
| Very often | | I take just as much care as ever | |
| | | | |
| 11. I feel restless as though I had to be on the move | ave | 12. I look forward with enjoymenthings | nt to |
| Please tick (✓) one | | Please tick (✓) one | |
| Very much indeed | | As much as I ever did | |
| Quite a lot | | Rather less than I used to | |
| Not very much | | Definitely less than I used to | |
| Not at all | | Hardly at all | |
| | | | |
| 13. I get sudden feelings of pan Please tick (✓) one | ic | 14. I can enjoy a good book or r or TV programme Please tick (✓) one | |
| Very often indeed | | Often | |
| Quite often | | Sometimes | |
| Not very often | | Not often | |
| Not at all | П | Very seldom | П |

| Participant | ID No.: | | | | | |
|--|---------------|-----------------------|----------------|---------------------------------|--------------|---------------------------|
| Section | 5. COP | ING | | | | |
| | s to you by | | | e rate the tro where 0 is 'r | | h statement and 6 is |
| Please tick (v | | ne business o | of living no m | natter what m | y level of p | |
| Never true | | | • | | _ | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 2. My life is g | going well, e | even though | l have chroni | c pain Please | tick (✓) one | e Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 3. It's OK to Never true | experience | pain Please ti | ck (✓) one | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 4. I would gl tick (✓) one | adly sacrific | e important | things in my | life to contro | ol this pain | better Please |
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 5. It's not not tick (✓) one | ecessary for | me to contr | ol my pain i | n order to ha | ndle my lif | e well Please |
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 6. Although things have changed, I am living a normal life despite my chronic pain | | | | | | |
| 6. Although | things have | changed. I | am living a | normal life of | lespite mv | chronic pain |
| 6. Although Please tick (Never true | | e changed, I | am living a | normal life o | lespite my | chronic pain Always true |
| Please tick (v | | changed, I | am living a | normal life o | lespite my | |

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Section 5. COPING Continued...

| | oncentrate | on getting ric | d of my pain | Please tick (✓) |) one | |
|----------------------------|----------------|----------------|-----------------|-----------------|---------------------|-------------------|
| Never true | 4 | 2 | 2 | 4 | 5 | Always true |
| 0 | 1 | 2 | <u> </u> | 4 | 5 | 6 |
| | | | | | | |
| Г. <u>_</u> . | | | | | | |
| 8. There are in Never true | many activi | ties I do whei | n I feel pain F | Please tick (✓) | one | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| | l life even tl | hough I have | chronic pain | Please tick (v | () one | |
| Never true | _ | | | | _ | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| | ng pain is le | ess important | than other g | oals in my lif | e Please tic | ` ' |
| Never true | 4 | 0 | • | 4 | - | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 44 M. H. | -1.6 1.6- | - Para In a 4 | | | | las las assistant |
| steps in my l | | | pain must | cnange bero | re i can ta | ke important |
| Never true | | () | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| = | he pain, I ar | n now stickin | g to a certai | n course in m | y life Pleas | ` ' |
| Never true | 4 | • | • | 4 | _ | Always true |
| U | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |

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Section 5. COPING continued ...

| something P | rease lick (▼ |) one | | | | |
|---------------------------------|---------------|------------------|----------------|-----------------|---------------|------------------------|
| Never true | (| , | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 14 Refore I | can make a | any serious | nlans I have | e to get som | ne control o | ver my pain |
| Please tick (| | , | prano, r nav | got com | | |
| Never true | _ | _ | | _ | _ | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 15. When my | y pain increa | ases, I can s | till take care | of my respo | nsibilities P | lease tick (✓) |
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| pain Please t | | | | control my r | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| one | outting myse | elf in situatio | ns where my | y pain might | increase P | □ lease tick (✓) |
| one Never true | outting myse | | | y pain might | | Always true |
| one | putting myse | elf in situation | ns where my | y pain might | increase P | |
| one Never true | outting myse | | | y pain might 4 | | Always true |
| one Never true | 1 | 2 | 3 | 4 | 5 | Always true |
| one Never true 0 18. My worrie | 1 | 2 | 3 | 4 | 5 | Always true 6 (✓) one |

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Section 5. COPING continued ...

| 19. It's a rel | | e that I don' | t have to ch | ange my pai | n to get on | with my life |
|----------------|-------------|---------------|---------------|----------------|-------------|--------------|
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 20 I have to | otrugglo to | do things wh | on I have no | in Diagon tick | (.() one | |
| Never true | struggie to | do things wh | ien i nave pa | in Please lick | (v) one | Always true |
| 0 | 4 | 2 | 2 | 4 | _ | 6 |
| U | 1 | 2 | 3 | 4 | 5 | 0 |
| | | | | | | |

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Section 6. SOCIAL LIFE

Below you will find a list of statements. Please indicate how strongly you agree or disagree with the following statements by ticking the response which best describes you now.

| best describes you now. | | | | | |
|--|---|--|--|--|--|
| 1. I am doing interesting things my life Please tick (✓) one | 2. Most days I am doing some of the things I really enjoy Please tick (✓) one | | | | |
| Strongly disagree | | Strongly disagree | | | |
| Disagree | | Disagree | | | |
| Agree | | Agree | | | |
| Strongly agree | | Strongly agree | | | |
| | | | | | |
| 3. I try to make the most of my life Please tick (✓) one | | 4. I have plans to do enjoyable things for myself over the next few days Please tick (✓) one | | | |
| Strongly disagree | | Strongly disagree | | | |
| Disagree | | Disagree | | | |
| Agree | | Agree | | | |
| Strongly agree | | Strongly agree | | | |
| | | | | | |
| 5. I feel like I am actively involved Please tick (✓) one | ed in | life | | | |
| Strongly disa | gree | | | | |
| Disa | gree | | | | |
| A | gree | | | | |
| Strongly a | gree | | | | |

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| | | |

Section 7. FURTHER DETAILS

| 1. Date | of birth | | | 2. NHS number | | | | | | |
|--------------|------------|----------------------------------|------------|------------------------------------|---------|-----------|----------------|-------------------|-------|-----------|
| | | | | | | Үои са | n find this nu | ımber on vour | preso | criptions |
| 3. Gend | ler Pleas | e tick (✓) one | 4 | 4. Living arrangements Please tick | | | | | | |
| | | (| (✓) one | | | | | | | |
| Male | | Female |] | 4 | Alone | | With | others | | |
| 5. Desc | ribe vou | r English lang | iade | flı | uency P | lease ti | ck (√) o | ne | | |
| | uent | Good | 90 | | - | v Averag | ` , | Poor | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | ethnic group? est describe yo | | | | | | | E th | en |
| A. White | | | | | | | ck Britis | , | | |
| Please | tick (✓) o | ne | | | Please | tick (✓) | one | | | |
| | | Britis | h 🗀 |] | | | | Caribbe | an | |
| | | Iris | h 🗀 |] | | | | Afric | an | |
| Any o | ther white | background (write below | |] | Any o | other bla | ck backg | round (wr belo | | |
| C. Asiar | or Asiar | British | | | D. Mixe | d | | | | |
| Please | tick (✓) o | ne | | | Please | tick (✓) | one | | | |
| | | India | n 🗀 |] | | Whit | e & Blac | k Caribbe | an | |
| | | Pakista | ni 🗀 |] | | W | /hite & B | lack Afric | an | |
| | | Bangladesl | ni 🗀 |] | | | W | hite & Asi | an | |
| Any of | her Asian | background (write below | |] | Any of | ther mix | ed backg | round (wr belo | | |
| E. Other one | ethnic gro | oup Please tick (| (√) | | | | | | | |
| | | Chines | е 🗆 |] | | | | Ar | ab | |
| Oth | er ethnic | group (write belov | /) |] | | | | | | |

| No.: |
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| |

Section 7. FURTHER DETAILS continued ...

| | 7. Which of the following best describe |
|---|--|
| the following best describes you? Please tick (✓) one | _ |
| Employed (full or part time, including self employment) | Employed (full or par |
| Unemployed and looking for work | |
| At school or in full time education | |
| Unable to work due to long term sickness | Unable |
| Looking ofter your home/family | |
| Looking after your home/family | |
| Retired from paid work | |
| · · · · · · | |
| Retired from paid work | |
| Retired from paid work Other (please write below) | |
| Retired from paid work Other (please write below) | I GOLGGE OF WILLACTOFFA F I LOUGH HOW I / / OF |
| Retired from paid work Other (please write below) | |
| Retired from paid work Other (please write below) Vere you when you left full time education (e.g. school, niversity? Please tick (✓) one | |
| Retired from paid work Other (please write below) Vere you when you left full time education (e.g. school, niversity? Please tick (✓) one I did not receive a formal education | |
| Retired from paid work Other (please write below) Vere you when you left full time education (e.g. school, niversity? Please tick (✓) one I did not receive a formal education Age 12 or less | |
| Retired from paid work Other (please write below) Vere you when you left full time education (e.g. school, niversity? Please tick (✓) one I did not receive a formal education Age 12 or less Age 13 to 16 | |
| Retired from paid work Other (please write below) Pere you when you left full time education (e.g. school, niversity? Please tick (✓) one I did not receive a formal education Age 12 or less Age 13 to 16 Age 17 to 19 | |
| Retired from paid work Other (please write below) Other | |

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

HEAD OFFICE: COPERS STUDY
CENTRE FOR PRIMARY CARE AND PUBLIC HEALTH, BLIZARD
INSTITUTE,
2 Newark Street, London, E1 2AT







COPERS STUDY

COping with persistent Pain, Effectiveness Research into Selfmanagement

FOLLOW-UP QUESTIONNAIRE AT 12 WEEKS

Confidential

Dear Participant.

The aim of this questionnaire is to find out your current feelings about living with chronic pain after you participated in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team on 020 7882 2546.

THANK YOU for being part of our study. We look forward to receiving your questionnaire.

COPERS Study Team

Section 1. CONFIDENCE

Please indicate how <u>confident</u> you are that you can do the following things <u>at present</u>, despite the pain, where 0 is 'not at all confident' and 6 is 'completely confident'.

** Remember, these questions are not asking whether or not you have been doing these things, but rather how confident you are that you could do them <u>at present</u>, despite the pain.

| 1. I can enj | - | , despite th | e pain Plea | ase tick (✓) o | | ely confident | | | | |
|--|------------|--------------|--------------------|-----------------------------|-------------|---------------|--|--|--|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2. I can do most household chores (e.g. tidying up, washing dishes etc), despite the pain Please tick (\checkmark) one | | | | | | | | | | |
| Not confident | | | | | Complet | ely confident | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3. I can so to, despite | the pain F | • | | ly members | | as I used | | | | |
| 0 | 1 | 2 | 3 | 1 | 5 | 6 | | | | |
| | Ġ | Õ | Ď | Ö | Ö | Ö | | | | |
| | | | | | | | | | | |
| 4. I can cop | pe with my | pain in m | ost situatio | ns Please ti | ick (√) one | | | | | |
| Not confident | | | | | Complet | ely confident | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | oite the pa tick (✓) one | | includes | | | | |
| Not confident | | | | | Complet | ely confident | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | |
| | | | | | | | | | | |

Section 1. CONFIDENCE continued ...

| leisure act | ivity, desp | • | hings I enj n Please ticl | | | hobbies or | | | | | |
|---|-------------|--------------|------------------------------|--------------|------------|-----------------|--|--|--|--|--|
| Not confident | : | | | | Compl | etely confident | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | |
| | | | | | | | | | | | |
| 7. I can cope with my pain without medication Please tick (✓) one | | | | | | | | | | | |
| Not confident | : | | | | Compl | etely confident | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 8. I can sti Please tick | • | ish most o | f my goals | in life, des | pite the p | ain | | | | | |
| Not confident | : | | | | Compl | etely confident | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | lifestyle, d | lespite the | pain Pleas | ` , | | | | | | |
| Not confident | | | | _ | - | etely confident | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 10. I ca | 9 | ally beco | ome more | active | despite | the pain | | | | | |
| Not confident | ` ' | | | | Compl | etely confident | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | |
| | | | | | | | | | | | |

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

HEAD OFFICE: COPERS STUDY
CENTRE FOR PRIMARY CARE AND PUBLIC HEALTH, BLIZARD
INSTITUTE,
2 Newark Street, London, E1 2AT

Participant ID No.:....







COPERS STUDY

COping with persistent Pain, Effectiveness Research into Self-management

FOLLOW-UP QUESTIONNAIRE AT 6 MONTHS

Confidential

Dear Participant.

The aim of this questionnaire is to find out your current health state and feelings about living with chronic pain after you participated in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team on 020 7882 2546.

THANK YOU for being part of our study. We look forward to receiving your questionnaire.

COPERS Study Team

Section 1. ABOUT YOUR PAIN

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

| How is your health in general?: Please tick (✓) one | | | | | | | | | | |
|---|------|------|-----|----------|--|--|--|--|--|--|
| Very good | Good | Fair | Bad | Very bad | | | | | | |
| | | | | | | | | | | |

Section 1. ABOUT YOUR PAIN continued...

For the following questions with a scale of 0-10, please tick one number only.

| now, w | | s 'no pa | - | - | | scale a | - | | me that | t is, right |
|------------|---------|----------|----------------------|---------|----------|----------------------|---------|----|------------------------|-------------------------------|
| No pain | , , | | | | | | | | | Pain as bad as could be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | your w | - | | | -10 scale |
| No pain | | | | | | | | | | Pain as bad as could be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| scale, | where 0 | is 'no | pain ['] an | d 10 is | 'pain as | | could b | - | | on a 0-10 our usual |
| No pain | | | | | | | | | | Pain as bad as could be |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | - | | | ns have se of thi | - | - | - | |
| | | | | | | | | | 0 – 6 day | rs 🔲 |
| | | | | | | | | 7 | ′ – 14 day | rs 🔲 |
| | | | | | | | | | | |
| | | | | | | | | 15 | i – 30 day | rs 🔲 |
| | | | | | | | | | 5 – 30 day more day | |

Section 1. ABOUT YOUR PAIN continued...

| 6. In the activities on activi | rated | on a 0- | 10 scal | e where | | - | | | - | - |
|---------------------------------|---------|----------|-----------|---------|---|---|---|---|---|-------------------------------|
| No interference | | icase ii | CK (*) C | ЛЕ | | | | | | Unable to carry on activities |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | |] [|] 🗆 | | | | | | |
| | | | | | | | | | | |
| 7. In the in recrea change" | tional, | social a | and fam | | | | | | | take part 'extreme |
| No change | | | | | | | | | | Extreme change |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 8. In the (including tick (✓) o | g hous | | • | | | | _ | _ | _ | to work ? Please |
| No change | | | | | | | | | | Extreme change |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |

Section 2. QUALITY OF LIFE

Please tick which statements best describe your own health state today

| 1. Mobility Please tick (✓) one | |
|--|--|
| I have no problems in walking about | |
| I have some problems in walking about | |
| I am confined to bed | |
| | |
| 2. Self-care Please tick (✓) one | |
| I have no problems with self-care | |
| I have some problems washing or dressing myself | |
| I amunable to wash or dress myself | |
| | |
| 3. Usual activities such as work, study, housework family or leisure Please tick (✓) one | |
| I have no problems with performing my usual activities | |
| I have some problems with performing my usual activities | |
| I amunable to perform my usual activities | |
| | |
| 4. Pain/Discomfort Please tick (✓) one | |
| I have no pain or discomfort | |
| I have moderate pain or discomfort | |
| I have extreme pain or discomfort | |
| | |
| 5. Anxiety/Depression Please tick (✓) one | |
| I amnot anxious or depressed | |
| I am moderately anxious or depressed | |
| I am extremely anxious or depressed | |

Section 3. CONFIDENCE

Please indicate how <u>confident</u> you are that you can do the following things <u>at present</u>, despite the pain, where 0 is 'not at all confident' and 6 is 'completely confident'.

** Remember, these questions are not asking whether or not you have been doing these things, but rather how confident you are that you could do them <u>at present</u>, despite the pain.

| | y tilligs, at | espite the pa | iii riease iic | k (≠) one | | |
|---|---------------|------------------------|-------------------------|------------------------------------|--|-----------------------|
| Not confident | | | | | Compl | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 2. I can do I the pain Plea Not confident | | | s (e.g. tidyin | g up, washi | _ | |
| _ | 4 | 0 | 2 | 4 | _ | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 3. I can soci the pain Plea Not confident | | | r family mer | nbers as ofte | | to, despite |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | • |
| | | | | | | |
| | | | | | | |
| _ | with my p | ain in most s | □ situations Pl | ease tick (✓) | | |
| Not confident | e with my p | | situations Pl | ease tick (✓) | Compl | etely confident |
| _ | with my p | ain in most s | situations Pl | ease tick (✓) | | |
| Not confident | e with my p | | situations Pl | ease tick (✓) 4 | Compl | etely confident |
| Not confident | with my p | | situations Pl | ease tick (✓) 4 | Compl | etely confident |
| Not confident 0 5. I can do sand unpaid | 1 | 2 | 3 □ spite the pai | ease tick (🗸) 4 □ n ('work' inc | 5 Completed to the complete state of the co | etely confident 6 □ |
| Not confident 0 5. I can do s | 1 | 2 □ of work, des | 3 □ spite the pai | 4 | 5 Completed to the complete state of the co | etely confident 6 |
| Not confident 0 5. I can do sand unpaid | 1 | 2 □ of work, des | 3 □ spite the pai | 4 | 5 Completed to the complete state of the co | etely confident 6 □ |

Section 3. CONFIDENCE continued ...

| | | of the thin n Please tick | | doing, such | | or leisure |
|-----------------------------|--------------|--|----------------|-----------------|-------|------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 7. I can cop | e with my pa | ain without r | medication F | Please tick (✓) | | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| Please tick (| | most of my | goals in life | , despite the | pain | |
| Not confident | | | | | Compl | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 9. I can live Not confident | a normal lif | estyle, desp | ite the pain F | Please tick (✓ | • | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 10. I can gra | adually beco | ome more ac | tive despite | the pain Plea | ` , | one etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |

Section 4. MOOD

Please read each item and tick the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

| 1. I feel tense or "wound up" Please tick (✓) one | | 2. I still enjoy the things I used to en Please tick (✓) one | joy |
|---|---|--|------|
| Most of the time | | Definitely as much | |
| A lot of the time | | Not quite as much | |
| From time to time, occasionally | | Only a little | |
| Not at all | | Hardly at all | |
| | | | |
| 3. I get a sort of frightened feeling as something awful is about to happen Please tick (✓) one | | 4. I can laugh and see the funny side things Please tick (✓) one | e of |
| Very definitely and quite badly | | Asmuch as I always could | |
| Yes, but not too badly | | Not quite so much now | |
| A little but it doesn't worry me | | Definitely not so much now | |
| Not at all | | Not at all | |
| | | | |
| 5. Worrying thoughts go through my mind Please tick (✓) one | / | 6. I feel cheerful Please tick (✓) one | |
| A great deal of the time | | Not at all | |
| A lot of the time | | Not often | |
| From time to time but not too often | | Sometimes | |
| Only occasionally | | Most of the time | |

Section 4. MOOD continued ...

| 7. I can sit at ease and feel relaxed | | 8. I feel as if I am slowed down | |
|--|------|---|-----|
| Please tick (\checkmark) one | | Please tick () one | |
| , , | _ | , , | _ |
| Definitely | Ш | Nearly all of the time | ш |
| Usually | | Very often | |
| Not often | | Sometimes | |
| Not at all | | Not at all | |
| | | | |
| 9. I get a sort of frightened feeling lil "butterflies" in the stomach Please tick (✓) one | ke | 10. I have lost interest in my appeara Please tick (✓) one | nce |
| Not at all | | Definitely | |
| Occasionally | | I don't take as much care as I should | |
| Quite often | | I may not take quite as much care | |
| Very often | | I take just as much care as ever | |
| | | | |
| 11. I feel restless as though I have to on the move Please tick (✓) one | b be | 12. I look forward with enjoyment to things Please tick (✓) one | |
| Very much indeed | | As much as I ever did | |
| Quita a lat | | | |
| Quite a lot | | Rather less than I used to | |
| Not verymuch | | Rather less than I used to Definitely less than I used to | |
| | | | |
| Not verymuch | | Definitely less than I used to | |
| Not verymuch | | Definitely less than I used to | |
| Not verymuch Not at all 13. I get sudden feelings of panic | | Definitely less than I used to Hardly at all 14. I can enjoy a good book or radio | |
| Not verymuch Not at all 13. I get sudden feelings of panic Please tick (✓) one | | Definitely less than I used to Hardly at all 14. I can enjoy a good book or radio TV programme Please tick (✓) one | |
| Not verymuch Not at all 13. I get sudden feelings of panic Please tick (✓) one Very often indeed | | Definitely less than I used to Hardly at all 14. I can enjoy a good book or radio TV programme Please tick (✓) one Often | |

Section 5. COPING

Below you will find a list of statements. Please rate the truth of each statement as it applies to you by ticking one response, where 0 is 'never true' and 6 is 'always true'.

| 1. I am getting Never true | on with the b | ousiness of livi | ng no matter v | vhat my level o | of pain is Plea | ase tick (✓) one Always true | | |
|--|------------------|------------------|-----------------------|-----------------|-----------------------|-------------------------------|--|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 2. My life is going well, even though I have chronic pain Please tick (✓) one Never true | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 3. It's OK to ex | kperience paii | n Please tick (✓ |) one | | | Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 4. I would glad | lly sacrifice ir | mportant thing | s in my life to | control this pa | in better Plea | se tick (✓) one Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 5. It's not nece | essary for me | to control my | pain in order t | o handle my li | fe well Please | e tick (✓) one Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 6. Although th | ings have ch | anged, I am liv | ing a normal l | ife despite my | chronic pain | Please tick (✓) | | |
| Never true | | | | | | Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 7. I need to co | ncentrate on | getting rid of n | ny pain Please | tick (✓) one | | Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |

Section 5. COPING Continued...

| | | <u> </u> | <u> </u> | J J I I I I I I I I I I I I I I I I I I | 4111 | | | | |
|--------------------------------------|---|-----------------|-----------------------|--|-----------------|------------------|--|--|--|
| 8. There are m | any activities | I do when I fe | el pain Please | tick (✓) one | | Always true | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 9. I lead a full Never true | 9. I lead a full life even though I have chronic pain Please tick (✓) one | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | Always true | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 10. Controlling | g pain is less | important than | other goals in | n my life Please | e tick (✓) one | Always true | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11. My though Please tick (✓) | | js about pain r | nust change b | efore I can tak | e important s | steps in my life | | | |
| Never true | | | | | | Always true | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 12. Despite the | e pain, I am n | ow sticking to | a certain cour | se in my life Pl | ease tick (✓) o | one Always true | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 13. Keeping I Please tick (✓) | | l under contr | ol takes first | priority when | ever I'm doi | ng something | | | |
| Never true | | | | | | Always true | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 14. Before I Please tick (✓) | | any serious | plans, I have | e to get son | ne control o | over my pain | | | |
| Never true | | | | | | Always true | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| | | | | | | | | | |

Section 5. COPING continued ...

| 1 | pain increases | s, I can still tak | e care of my r | esponsibilities | Please tick (✓ | , | | |
|---------------------------|--|--------------------|-----------------|-------------------|----------------|-----------------|--|--|
| Never true | | | | | | Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| | 16. I will have better control over my life if I can control my negative thoughts about particle (✓) one | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | Always true | | |
| | | | | | | | | |
| | | | | | | | | |
| 17. I avoid put | tting myself in | situations wh | ere my pain m | ight increase P | lease tick (✓) | one Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| | | | | | | | | |
| 18. My worries Never true | s and fears ab | out what pain | will do to me a | are true Please t | tick (✓) one | Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| | | | | | | | | |
| Please tick (✓) | | e that I don' | t have to ch | ange my pain | to get on | with my life | | |
| Never true | | | | | _ | Always true | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| | | | | | | | | |
| 20. I have to s | truggle to do | things when I | have pain Plea | se tick (✓) one | | Always true | | |
| 0 | 1 | 2 | 2 | 1 | 5 | 6 | | |
| | • | 4 | 3 | 4 | J | U | | |
| | | | | | | | | |

Section 6. SOCIAL LIFE

Below you will find a list of statements. Please indicate how strongly you agree or disagree with the following statements by ticking the response which best describes you now.

| 1. I am doing interesting things in m life Please tick (✓) one | 2. Most days I am doing some of the things I really enjoy Please tick (✓) or | | |
|---|--|---|--|
| Strongly disagree | Strongly disagree | | |
| Disagree | | Disagree | |
| Agree | | Agree | |
| Strongly agree | | Strongly agree | |
| | | | |
| 3. I try to make the most of my life Please tick (✓) one | | 4. I have plans to do enjoyable thing for myself over the next few days Platick (✓) one | |
| Strongly disagree | | Strongly disagree | |
| Disagree | | Disagree | |
| Agree | | Agree | |
| Strongly agree | | Strongly agree | |
| | | | |
| 5. I feel like I am actively involved in Please tick (✓) one | life | | |
| Strongly disagree | | | |
| Disagree | | | |
| Agree | | | |
| Strongly agree | П | | |

Section 8. PRIVATE HEALTHCARE USE

These questions are about any PRIVATE healthcare use outside the NHS over the last 6 months for your chronic pain.

| 1. In the last 6 months how many | times | 2. In the last 6 months, have you | had any | | | |
|---|-----------|--|----------|--|--|--|
| have you seen the following peo | ple | tests or treatments done privately? | | | | |
| privately for your pain? | | For example, scans, x-rays, blood test | s or | | | |
| | Number | injections etc. | | | | |
| | of visits | | Number | | | |
| | | | of tests | | | |
| Private doctor | | Description of test | | | | |
| | | | | | | |
| Private nurse | | | | | | |
| | | | | | | |
| Private physiotherapist | | | | | | |
| | | | | | | |
| Osteopath | | | 一 | | | |
| Chiropractor | | | | | | |
| | | | | | | |
| Acupuncturist | | | | | | |
| Other (please specify) | | | | | | |
| Cirici (piedae apeenly) | | | | | | |
| | | | | | | |
| | | | | | | |
| Other (please specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3. In the last 6 months how much | money | 4. In the last 6 months have you l | bought | | | |
| have you spent on medicines for | - | any devices or disability aids for | | | | |
| pain? | y can | pain? | , | | | |
| For example, pain relief tablets, gels, | | For example, a TENS machine, walkin | na stick | | | |
| homeopathic remedies etc. | Amount | strapping, mobility scooters etc. | Amount | | | |
| Description | £ | Description | £ | | | |
| Description | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Section 8. PRIVATE HEALTHCARE USE continued ...

| 5. In the last 6 months, how man have you been admitted for priv hospital care and stayed overni | ate | 6. In the last 6 months, how much money have you spent on any of the following because of your pain? | | | |
|--|------------------|--|---|--|--|
| Reason and Duration | Number of nights | | £ | | |
| 1) | | Help at home For example, cleaning and cooking | | | |
| | | Personal care For example, washing and dressing | | | |
| | | Transport For example, taxis | | | |
| 2) | | Household maintenance For example, gardening and repairs | | | |
| | - | Other (please specify) | | | |
| | - | | | | |
| 3) | | | | | |
| | | | | | |
| | | | | | |
| Comments | | | | | |
| | | | | | |
| | | | | | |

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

HEAD OFFICE: COPERS STUDY
CENTRE FOR PRIMARY CARE AND PUBLIC HEALTH, BLIZARD INSTITUTE,
2 Newark Street, London, E1 2AT







COPERS - COping with persistent Pain, Effectiveness Research in Self-management

FOLLOW UP QUESTIONNAIRE AT 12 MONTHS

Confidential

Dear Participant.

The aim of this questionnaire is find out your current health state and feelings about living with chronic pain after you participated in the COPERS study. Please read the questions carefully. If you have any difficulties with the questionnaire please call the study team on 020 7882 2546.

Section 1. ABOUT YOUR PAIN

Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

| How is your health in general?: Please tick (✓) one | | | | | | | | |
|---|------|------|-----|----------|--|--|--|--|
| Very good | Good | Fair | Bad | Very bad | | | | |
| | | | | | | | | |
| | | | | | | | | |

Section 1. ABOUT YOUR PAIN continued...

For the following questions with a scale of 0-10, please tick one number only.

| 2. 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 tick (✓) one No pain Pain as bad as could be | | | | | | | | | | |
|--|--------------------|------------|----------------------|---------|---|--------|----------------------|-----------|-----------|------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 0 is 'no | | | | | | orst pai e'? Plea | se tick (| | 10 scale |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| your us | | ivities (\ | | | | | you bee cause of | | | |
| scale, v | where 0 times y | is 'no ¡ | pain [;] an | d 10 is | | bad as | could b | | | on a 0-10 our usual |
| No | _ | | | _ | _ | | _ | | as bad as | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | 0 - | 6 days | | |
| | | | | | | | 7 – 1 | 14 days | | |
| | | | | | | | 15 – 3 | 30 days | | |
| | | | | | | | 31 or mo | re days | | |

Section 1. ABOUT YOUR PAIN continued...

| 6. In the past six months, how much has this pain interfered with your daily activities rated on a 0-10 scale where 0 is 'no interference' and 10 'unable to carry on activities'? Please tick (✓) one No interference Unable to carry on activities | | | | | | | | | | |
|--|---|-----|-----|-----|-----|---|---|---|---|-----------|
| 0 | 1 | | 2 3 | 3 4 | 1 5 | 6 | 7 | 8 | 9 | 10 |
| | |] [| J [|] [| | | | | | |
| | | | | | | | | | | |
| in recre | 7. In the past six months, how much has this pain changed your ability to take part in recreational, social and family activities where 0 is 'no change' and 10 is 'extreme change'? Please tick (✓) one No change Extreme change | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 8. In the past six months, how much has this pain changed your ability to work (including housework) where 0 is 'no change' and 10 is 'extreme change'? Please tick (\checkmark) one | | | | | | | | | | |
| No change | 9 | _ | _ | _ | _ | _ | _ | _ | | me change |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | | | | | | | | | | |

Section 2. QUALITY OF LIFE

Please tick which statements best describe your own health state today

| 1. Mobility Please tick (✓) one | |
|--|--|
| I have no problems in walking about | |
| I have some problems in walking about | |
| I am confined to bed | |
| | |
| 2. Self-care Please tick (✓) one | |
| I have no problems with self-care | |
| I have some problems washing or dressing myself | |
| I am unable to wash or dress myself | |
| | |
| 3. Usual activities such as work, study, housework family or leisure Please tick (✓) one | |
| I have no problems with performing my usual activities | |
| I have some problems with performing my usual activities | |
| I am unable to perform my usual activities | |
| | |
| 4. Pain/Discomfort Please tick (✓) one | |
| I have no pain or discomfort | |
| I have moderate pain or discomfort | |
| I have extreme pain or discomfort | |
| | |
| 5. Anxiety/Depression Please tick (✓) one | |
| I am not anxious or depressed | |
| I am moderately anxious or depressed | |
| I am extremely anxious or depressed | |

Section 3. CONFIDENCE

Please indicate how <u>confident</u> you are that you can do the following things <u>at present</u>, despite the pain, where 0 is 'not at all confident' and 6 is 'completely confident'

** Remember, these questions are not asking whether or not you have been doing these things, but rather how confident you are that you could do them at present, despite the pain

| 1. I can enjo | y things, d | espite the pa | iin Please tic | k (✓) one | Compl | etely confident |
|--|-------------|----------------------------|-----------------------|---------------|-------------|-----------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| the pain Ple | | ehold chores one | s (e.g. tidyin | g up, washi | ng dishes e | tc), despite |
| Not confident | | | | | Compl | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 3. I can soci the pain Ple | | my friends o one | r family mer | nbers as oft | | • |
| | 4 | | | | _ | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 4. I can cope Not confident | e with my p | ain in most s | situations Pl | ease tick (✓) | | etely confident |
| | 4 | 2 | 2 | 4 | _ | 6 |
| 0 | 1 | 2 | 3 | 4 | 5 | O |
| | | | | | | |
| | | | | | | |
| 5. I can do some form of work, despite the pain ('work' includes housework, paid and unpaid work) Please tick (\checkmark) one | | | | | | |
| and unpaid | | | • | • | Compl | |
| and unpaid Not confident | | | • | | _ ` | etely confident |
| and unpaid | | | • | 4 | Comple 5 | |

Section 3. CONFIDENCE continued ...

| | | of the thin in Please tick | | doing, such | | or leisure |
|--|----------------|-------------------------------|-----------------------|---------------------------------------|------------------|---------------------|
| | 4 | 2 | 2 | 4 | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 7. I can cop | e with my p | ain without ı | medication P | Please tick (✓) | one | |
| Not confident | | | | | Compl | etely confident |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 8. I can still Please tick (| | n most of my | goals in life | , despite the | pain | |
| , | v) one | | | | | |
| Not confident | v) one | | | | Compl | etely confident |
| , | 1 | 2 | 3 | 4 | Compl 5 | etely confident |
| Not confident | 1 <u> </u> | 2 | 3 | 4 | | |
| Not confident | 1 □ | 2 | 3 | 4 | | |
| Not confident 0 □ 9. I can live | 1 | | 3 □ ite the pain F | 4 □ Please tick (✓ | 5 | 6 |
| Not confident 0 | 1 | festyle, desp | 3 ite the pain F | 4 □ Please tick (✓) | 5 D one Compl | 6 |
| Not confident 0 □ 9. I can live | 1 | | 3 ite the pain F | 4 □ Please tick (✓) | 5 | 6 |
| Not confident 0 | 1 | festyle, desp | 3 ite the pain F | 4 □ Please tick (✓ 4 □ | 5 D one Compl | 6 |
| Not confident 0 | 1 | festyle, desp | 3 ite the pain F | 4 □ Please tick (✓) 4 □ | 5 D one Compl | 6 |
| Not confident 0 9. I can live Not confident 0 | 1 a normal lif | Festyle, desp | 3 | 4 □ Please tick (✓) 4 □ the pain Plea | 5 Compl 5 Compl | 6 |
| 9. I can live Not confident 0 10. I can gra | 1 a normal lif | Festyle, desp | 3 | 4 | 5 Compl 5 Compl | etely confident 6 □ |

Section 4. MOOD

Please read each item and tick the reply which comes closest to how you have been feeling in the past week.

Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

| I feel tense or "wound up" Please tick (✓) one | | 2. I still enjoy the things I used to en Please tick (✓) one | joy |
|---|---|---|-----|
| Most of the time | | Definitely asmuch | |
| A lot of the time | | Not quite as much | |
| From time to time, occasionally | | Only a little | |
| Not at all | | Hardly at all | |
| | | | |
| 3. I get a sort of frightened feeling as something awful is about to happen | | 4. I can laugh and see the funny side things | of |
| Please tick (✓) one | | Please tick (✓) one | |
| Very definitely and quite badly | | Asmuch as I always could | |
| Yes, but not too badly | | Not quite so much now | |
| A little but it doesn't worry me | | Definitely not so much now | |
| Not at all | | Not at all | |
| | | | |
| 5. Worrying thoughts go through my | / | 6. I feel cheerful | |
| mind Please tick (✓) one | | Please tick (✓) one | |
| A great deal of the time | | Not at all | |
| A lot of the time | | Not often | |
| From time to time but not too often | | Sometimes | |
| Only occasionally | | Most of the time | |

Section 4. MOOD continued ...

| 7. I can sit at ease and feel relaxed Please tick (✓) one | | 8. I feel as if I am slowed down Please tick (✓) one | |
|---|------|--|------|
| Definitely | | Nearly all of the time | |
| Usually | | Very often | |
| Not often | | Sometimes | |
| Not at all | | Not at all | |
| | | | |
| 9. I get a sort of frightened feeling li "butterflies" in the stomach Please tick (✓) one | ke | 10. I have lost interest in my appeara Please tick (✓) one | ance |
| Not at all | | Definitely | |
| Occasionally | | I don't take as much care as I should | |
| Quite often | | I may not take quite as much care | |
| Very often | | I take just as much care as ever | |
| | | | |
| 11. I feel restless as though I have to on the move Please tick (✓) one | o be | 12. I look forward with enjoyment to things Please tick (✓) one | |
| Very much indeed | | As much as I ever did | |
| Quite a lot | | Rather less than I used to | |
| Not verymuch | | Definitely less than I used to | |
| Not at all | | Hardly at all | |
| | | | |
| 13. I get sudden feelings of panic Please tick (✓) one | | 14. I can enjoy a good book or radio TV programme Please tick (✓) one | or |
| Very often indeed | | Often | |
| Quite often | | Sometimes | |
| Not very often | | Not often | |
| Not at all | | | |

Section 5. COPING

Below you will find a list of statements. Please rate the truth of each statement as it has applies to you by ticking one response, where 0 is 'never true' and 6 is 'always true'.

| 1. I am getting Never true | 1. I am getting on with the business of living no matter what my level of pain is Please tick (✓) one | | | | | | |
|--------------------------------|---|-------------------------|-----------------|-----------------|------------------------|------------------------------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | Always true | |
| | | | | | | | |
| | | | | | | _ | |
| 2. My life is go Never true | ing well, eve | n though I have | e chronic pain | Please tick (✓) | one | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| 3. It's OK to ex | perience pai | n Please tick (✓ |) one | | | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| Г | | | | | =. | | |
| 4. I would glad Never true | lly sacrifice in | mportant thing | s in my life to | control this pa | i n better Plea | se tick (✓) one Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| 5 It's not nece | seary for mo | to control my | nain in order t | o handle my lif | Fa wall Plasse | tick (🗸) one | |
| Never true | ssary for file | to control my | pani in order t | o nandie my m | e well lease | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| 6. Although Please tick (✓) | | changed, I | am living a | normal life | despite my | chronic pain | |
| Never true | | | | | | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| 7 nood to oo | | | av nain Diago | tials (() and | | | |
| Never true | ncentrate on | getting rid of n | ny pani Piease | uck (*) OHE | | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |

Section 5. COPING Continued...

| 8. There are m | any activities | I do when I fe | el pain Please | tick (✓) one | | Always true | |
|--|----------------|-----------------|-----------------|-------------------|-----------------|-------------------------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| 9. I lead a full life even though I have chronic pain Please tick (✓) one Never true | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | Always true 6 | |
| | | | | | | | |
| | | | | _ | | | |
| 10. Controlling | pain is less | important than | other goals ir | n my life Please | tick (✓) one | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| 11. My though Please tick (✓) | | ງs about pain r | nust change b | efore I can tak | e important s | steps in my life | |
| Never true | | | | | | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| 12. Despite the | e pain, I am n | ow sticking to | a certain cours | se in my life Ple | ease tick (✓) (| one Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| 13. Keeping r Please tick (✓) | | l under contr | ol takes first | priority when | ever I'm do | ing something | |
| Never true | | | | | | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |
| | | | | | | | |
| Please tick (✓) | | any serious | plans, I have | e to get son | ne control (| over my pain | |
| Never true | | _ | _ | _ | _ | Always true | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| | П | | | | | | |

Section 5. COPING continued ...

| | pain increases | s, I can still tal | ke care of my r | esponsibilities | Please tick (| |
|----------------------------------|-----------------|--------------------|-----------------|------------------|----------------|-----------------|
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 46 | | | life if I come | | -4! 4b | -414 |
| Please tick (✓) | | iroi over my | ille ii i can c | ontrol my neg | alive inougi | nts about pain |
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| 47 1 | | | | | North A.Z. | . |
| Never true | tting myseif ir | i situations wr | nere my pain m | night increase F | 'lease tick (✓ | one Always true |
| 0 | 1 | 2 | 3 | 1 | 5 | 6 |
| _ | <u>'</u> | _ | | - | _ | <u> </u> |
| | | | | | | |
| 40. 14 | | 4 4 | | A Di | ti-1. / /\ | |
| Never true | s and fears an | out what pain | will do to me a | are true Please | uck (▼) one | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | · | _ | _ | _ | _ | _ |
| | Ш | Ш | Ц | Ш | Ш | |
| 40 11 | | | | | | |
| 19. It's a re Please tick (✓) | | e that I don' | t have to ch | ange my pair | ı to get on | with my life |
| Never true | | | | | | Always true |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | | |
| | | | | | | |
| 20. I have to s | struggle to do | things when I | have pain Plea | ise tick (✓) one | | Always true |
| 0 | 4 | 2 | 2 | 4 | 5 | 6 |
| U | 1 | 4 | 3 | 4 | o | O |
| | | | | | | |

Section 6. SOCIAL LIFE

Below you will find a list of statements. Please indicate how strongly you agree or disagree with the following statements by ticking the response which best describes you now.

| I am doing interesting things in my life Please tick (✓) one | | 2. Most days I am doing some of the things I really enjoy Please tick (✓) or | ne |
|---|------|---|----|
| Strongly disagree | | Strongly disagree | |
| Disagree | | Disagree | |
| Agree | | Agree | |
| Strongly agree | | Strongly agree | |
| | | | |
| 3. I try to make the most of my life Please tick (✓) one | | 4. I have plans to do enjoyable thing for myself over the next few days Please tick () one | S |
| Strongly disagree | | Strongly disagree | |
| Disagree | | Disagree | |
| Agree | | Agree | |
| Strongly agree | | Strongly agree | |
| | | | |
| 5. I feel like I am actively involved in Please tick (\checkmark) one | life | | |
| Strongly disagree | | | |
| Disagree | | | |
| Agree | | | |
| Strongly agree | | | |

Section 8. PRIVATE HEALTHCARE USE

These questions are about any PRIVATE healthcare use outside the NHS over the last 6 months for your chronic pain.

| 1. In the last 6 months how many | | 2. In the last 6 months, have you had any |
|---|-----------|---|
| have you seen the following peo | ple | tests or treatments done privately? |
| privately for your pain? | | For example, scans, x-rays, blood tests or |
| | Number | injections etc. |
| | of visits | Number |
| | | of tests |
| Private doctor | | Description of test |
| | | |
| Private nurse | | |
| Drivete physictherenist | | |
| Private physiotherapist | | |
| Osteopath | | |
| Osteopatii | | |
| Chiropractor | | |
| | | |
| Acupuncturist | | |
| | | |
| Other (please specify) | | |
| | | |
| | | |
| Other (please specify) | | |
| (1.1.1.1) | | |
| | | |
| | | |
| Γ | 1 | |
| 3. In the last 6 months how much | | 4. In the last 6 months have you bought |
| have you spent on medicines for | your | any devices or disability aids for your |
| pain? | | pain? |
| For example, pain relief tablets, gels, | _ | For example, a TENS machine, walking stick, |
| homeopathic remedies etc | Amount | strapping, mobility scooters etc Amount |
| Description | £ | Description |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Section 8. PRIVATE HEALTHCARE USE continued ...

| 5. In the last 6 months, how many times have you been admitted to hospital and stayed overnight? | | 6. In the last 6 months, how much have you spent on any of the fol because of your pain? | |
|--|------------------|--|---|
| Reason and Duration | Number of nights | Help at home | £ |
| 1) | . [] | Help at home For example, cleaning and cooking | |
| | | Personal care For example, washing and dressing | |
| | | Transport For example, taxis | |
| 2) | | Household maintenance For example, gardening and repairs | |
| | - | Other (please specify) | |
| | - | | |
| 3) | | | |
| | | | |
| | | | |
| Comments | | | |
| | | | |
| | | | |

THANK YOU FOR FILLING IN THE QUESTIONNAIRE

Please return to the study team using the FREEPOST envelope provided (no postage stamp required)

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