

This form is about your painful complaint and how it has been affecting you over the past few days. The information you give will be treated anonymously and in confidence. Tick ONE box for EACH question, unless instructed otherwise.

PATIENTS START HERE:

Q1 YOUR NAME

Q2 TODAY'S DATE:

The next questions are all about how your MOST RECENT episode of pain is affecting you AT WORK

Q3 Are you presently in paid employment?

Yes Go to Q4 No Go to Q5

Q4 Put a cross in ONE box that best describes your work (employment) status at the present time:

I have had NO sick leave over the past few weeks because of my pain/complaint

I have now returned to work from sick leave for my pain/complaint

I am currently on sick leave because of my pain/complaint

The following questions are about your satisfaction with the treatment you have received (or are currently receiving) at this clinic.

Q5 Are you, overall, satisfied with the way in which you have been treated at this clinic?

Yes No

Q6 Overall, has your treatment and its results, lived up to your expectations?

Yes No

Put a CROSS in ONE box for EACH of the following statements that best describes your painful complaint and how it is affecting you NOW. Please read each question carefully before answering.

Q7 Over the past few days, on average, how would you rate your pain on a scale where '0' is 'no pain' and '10' is 'worst pain possible'?

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

Q8 Over the past few days, on average, how has your complaint interfered with your daily activities (housework, washing, dressing, lifting, walking, reading, driving, climbing stairs, getting in/out of bed/chair, sleeping), on a scale where '0' is 'no interference' and '10' is 'completely unable to carry on with normal daily activities'?

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