**APPENDIX 2**


# In STEP

## (Individualised Support To Employment Participation)

# Three Month Follow-Up Questionnaire

The answers given on this form are confidential.
Replies will only been seen by a small medical research team

**1. Please fill in your date of birth**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

***Day*** ***Month*** ***Year***

**2. Over the past three months have you had a paid job?**

No ☐ b) Yes ☐

*If **No,** please go to **Question 10*** *If **Yes,** please continue with **Question 3.***

**3. Are you still in a paid job?**

No ☐ b) Yes ☐

*If **No,** please go to **Question 7*** *If **Yes,** please continue with **Question 4.***

**4. What is the paid job?**

_____

**5. How many hours per week are you working?**

a) 0-8 hours ☐ b) 9-15 hours ☐ c) 16-24 hours ☐ d) More than 25 hours ☐

**6. Thinking about your current job, please indicate how certain you feel about the following**
*(Please tick the box on each line that best matches your answer.)*

| | Not at all certain | Fairly Uncertain | Neither certain nor uncertain | Fairly Certain | Completely Certain |
|---|---|---|---|---|---|
| a) How certain are you that you can talk to your supervisor if you have problems at work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) How certain are you that you can discuss with your supervisor about things that contribute to pain? | ☐ | ☐ | ☐ | ☐ | ☐ |
| c) How certain are you that you can explain your physical limitations to your supervisor? | ☐ | ☐ | ☐ | ☐ | ☐ |
| d) How certain are you that you can suggest ways that you could reduce your discomfort to your supervisor? | ☐ | ☐ | ☐ | ☐ | ☐ |
| e) How certain are you that you can remain in a job now that you are back at work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| f) How certain are you that you can continue working despite pain? | ☐ | ☐ | ☐ | ☐ | ☐ |
| g) How certain are you that you can avoid making your pain worse? | ☐ | ☐ | ☐ | ☐ | ☐ |
| h) How certain are you that you can manage your pain effectively while you are at work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| i) How certain are you that you can get your co-workers to help you? | ☐ | ☐ | ☐ | ☐ | ☐ |
| j) How certain are you that you can explain your physical limitations to co-workers? | ☐ | ☐ | ☐ | ☐ | ☐ |
| k) How certain are you that you can perform/complete your work tasks? | ☐ | ☐ | ☐ | ☐ | ☐ |
| l) How certain are you that you can deal with the physical demands of work? | ☐ | ☐ | ☐ | ☐ | ☐ |

**6. Thinking about your current job, please indicate how certain you feel about the following**
*(Please tick the box on each line that best matches your answer.)*

| | Not at all certain | Fairly Uncertain | Neither certain nor uncertain | Fairly Certain | Completely Certain |
|---|---|---|---|---|---|
| m) How certain are you that you can cope with work pressure? | ☐ | ☐ | ☐ | ☐ | ☐ |
| n) How certain are you that you can deal with emotionally demanding situations? | ☐ | ☐ | ☐ | ☐ | ☐ |
| o) How certain are you that you have energy left to do anything else? | ☐ | ☐ | ☐ | ☐ | ☐ |
| p) How certain are you that you can handle potential problems if they arose? | ☐ | ☐ | ☐ | ☐ | ☐ |
| q) How certain are you that you can cope with setbacks if they arise? | ☐ | ☐ | ☐ | ☐ | ☐ |

***Now please go to SECTION TWO, Question 17***

## *If you answered NO to Question 3, please continue from Question 7*

**7. What was the paid job?**

_____

**8. What was the maximum number of hours per week that you worked?**

a) 0-8 hours ☐ b) 9-15 hours ☐ c) 16-24 hours ☐ d) More than 25 hours ☐

**9. How long were you working in total?**

a) Less than 1 week ☐ b) More than 1 week but less than 1 month ☐ c) More than 1 month but less than 3 months ☐

## *If you answered NO to Question 2, please continue from Question 10*

**10. Over the past three months, have you made any applications for jobs?**

a) No ☐ b) Yes ☐

**11. If yes, how many?**

a) 0 ☐ b) 1 ☐ c) 2 - 10 ☐ d) 11 or more ☐

**12. Over the past three months, have you been for any job interviews?**

a) No ☐ b) Yes ☐

**13. If yes, how many?**

a) 0 ☐ b) 1 ☐ c) 2 - 10 ☐ d) 11 or more ☐

**14. Over the past three months, have you accessed any support to help you find a job?**

a) No ☐ b) Yes ☐

**15. If YES, what type of support** *(Tick all that apply)*

| | | | |
|---|---|---|---|
| a) | A course to learn computer skills ☐ | b) | A course to develop your CV ☐ |
| c) | A course to develop your confidence ☐ | d) | Help from the Access to Work Scheme ☐ |
| e) | Advice from a work coach at the Job Centre Plus ☐ | f) | Job club ☐ |
| g) | Advice from the Citizen's Advice Bureau ☐ | h) | Any other service? ☐<br>*Please describe*<br>_____ |

**16. Thinking about starting a new job, please indicate how certain you would feel about the following** *(Please tick the box on each line that best matches your answer.)*

| | | **Not at all certain** | **Fairly Uncertain** | **Neither certain nor uncertain** | **Fairly Certain** | **Completely Certain** |
|---|---|---|---|---|---|---|
| a) | How certain are you that you would be able to talk to your supervisor if you had problems when you returned to work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) | How certain are you that you would be able to discuss with your supervisor about things that contribute to pain? | ☐ | ☐ | ☐ | ☐ | ☐ |
| c) | How certain are you that you would be able to explain your physical limitations to your supervisor? | ☐ | ☐ | ☐ | ☐ | ☐ |
| d) | How certain are you that you would be able to suggest ways that you could reduce your discomfort to your supervisor? | ☐ | ☐ | ☐ | ☐ | ☐ |
| e) | How certain are you that you would be able to remain in a job once back at work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| f) | How certain are you that you would be able to continue working despite pain? | ☐ | ☐ | ☐ | ☐ | ☐ |
| g) | How certain are you that you would be able to avoid making your pain worse? | ☐ | ☐ | ☐ | ☐ | ☐ |
| h) | How certain are you that you would be able to manage your pain effectively while you were at work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| i) | How certain are you that you would be able to get your co-workers to help you? | ☐ | ☐ | ☐ | ☐ | ☐ |
| j) | How certain are you that you would be able to explain your physical limitations to co-workers? | ☐ | ☐ | ☐ | ☐ | ☐ |
| k) | How certain are you that you would be able to perform/complete your work tasks? | ☐ | ☐ | ☐ | ☐ | ☐ |
| l) | How certain are you that you would be able to deal with the physical demands of work? | ☐ | ☐ | ☐ | ☐ | ☐ |
| m) | How certain are you that you would be able to cope with work pressure? | ☐ | ☐ | ☐ | ☐ | ☐ |
| n) | How certain are you that you would be able to deal with emotionally demanding situations? | ☐ | ☐ | ☐ | ☐ | ☐ |
| o) | How certain are you that you would have no energy left to do anything else? | ☐ | ☐ | ☐ | ☐ | ☐ |

**16. Thinking about starting a new job, please indicate how certain you would feel about the following** *(Please tick the box on each line that best matches your answer.)*

| | Not at all certain | Fairly Uncertain | Neither certain nor uncertain | Fairly Certain | Completely Certain |
|---|---|---|---|---|---|
| p) How certain are you that you would be able to handle potential problems if they arose? | ☐ | ☐ | ☐ | ☐ | ☐ |
| q) How certain are you that you could cope with setbacks if they arose? | ☐ | ☐ | ☐ | ☐ | ☐ |

# Section Two: Your Health

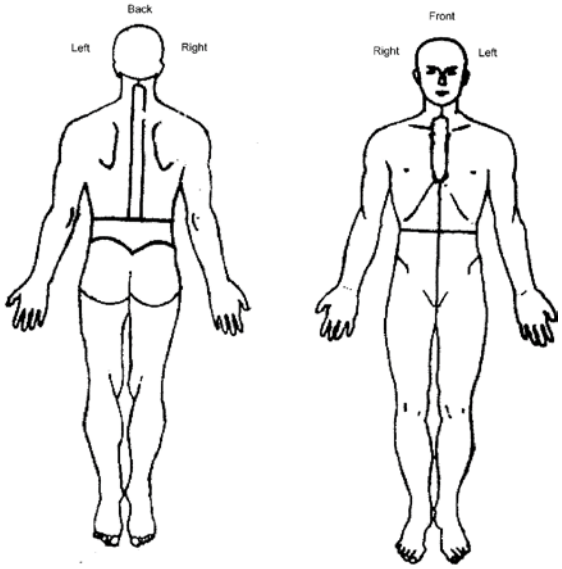
**17. In general how would you say your health is?** *(Tick one box)*

a) Excellent ☐ b) Very good ☐ c) Good ☐ d) Fair ☐ e) Poor ☐

**18. Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain TODAY?** *(Tick one box) If **NO**, please go to **Question 28***

No ☐ b) Yes ☐

**19. On the diagram, please shade in the areas where you feel pain. Put an X on the area that hurts**



**20. Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

No pain — Pain as bad as you can imagine

**21. Please rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

No pain — Pain as bad as you can imagine

**22. Please rate your pain by circling the one number that best describes your pain on AVERAGE.**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

No pain — Pain as bad as you can imagine

**23. Please rate your pain by circling the one number that tells how much pain you have RIGHT NOW**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

No pain — Pain as bad as you can imagine

**24. What treatments or medications are you receiving for your pain?**

a) _____ b) _____

c) _____ d) _____

**25. In the last 24 hours, how much relief have pain treatments or medications provided? Please circle the one percentage that shows how much RELIEF you have received.**

| 0% | 10% | 20% | 30% | 40% | 50% | 60% | 70% | 80% | 90% | 100% |
|---|---|---|---|---|---|---|---|---|---|---|

No relief — Complete relief

**26. Circle the one number that describes how, during the past 24 hours, pain has interfered with your:**

**A. General Activity**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

Does not interfere — Completely interferes

**B. Mood**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

Does not interfere — Completely interferes

**C. Walking**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|

Does not interfere — Completely interferes

**D. Normal work (including both work outside the home and housework)**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not interfere | | | | | | | | | | Completely interferes |

**E. Relations with other people**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not interfere | | | | | | | | | | Completely interferes |

**F. Sleep**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not interfere | | | | | | | | | | Completely interferes |

**G. Enjoyment of Life**

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Does not interfere | | | | | | | | | | Completely interferes |

**27. Please could you now indicate what the pain feels like?** *(please circle those words that describe your pain)*

| | | | | | |
|---|---|---|---|---|---|
| a) | aching | b) | throbbing | c) | shooting |
| d) | stabbing | e) | gnawing | f) | pricking |
| h) | sharp | i) | tender | j) | burning |
| k) | exhausting | l) | tiring | m) | penetrating |
| n) | nagging | o) | numb | p) | miserable |
| q) | unbearable | r) | dull | s) | radiating |
| t) | squeezing | u) | cramping | v) | deep |

**28. If you added up all the days when you had pain, how many in total would this be?** *(please tick one box)*

| | | | | | |
|---|---|---|---|---|---|
| a) | Less than a week | ☐ | b) | 1 to 2 weeks | ☐ |
| c) | 2 to 4 weeks | ☐ | d) | More than a month | ☐ |

**29. What kinds of things make you feel better?** *(for example, heat, medicine, rest)*

_____

**30. What kinds of things make you feel worse?** *(for example, walking, standing, lifting)*

_____

**31. Do you have any other symptoms?** *(please circle those words that describe your pain)*

| | | | | | |
|---|---|---|---|---|---|
| a) | nausea | b) | vomiting | c) | constipation |
| d) | lack of appetite | e) | indigestion | f) | difficulty sleeping |
| h) | feeling drowsy | i) | nightmares | j) | dizziness |
| k) | tiredness | l) | itching | m) | urinary problems |
| n) | sweating | o) | weakness | p) | headaches |

**32. Here are some of the things which other patients have told us about their pain. For each statement please circle a number from 0 to 6 to say how much physical activities such as bending, lifting, walking or driving affect or would affect *your* pain.**

| | Completely disagree | | | Unsure | | | Completely agree |
|---|---|---|---|---|---|---|---|
| a) My pain was caused by physical activity | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| b) Physical activity makes my pain worse | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| c) Physical activity might harm my pain | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| d) I should not do physical activities which (might) make my pain worse | **0** | **1** | **2** | **3** | **4** | **5** | **6** |
| e) I cannot do physical activities which (might) make my pain worse | **0** | **1** | **2** | **3** | **4** | **5** | **6** |

**33. Below are some statements about feelings and thoughts.** *(Please tick the box that best describes how you feel about yourself now).*

| STATEMENT | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| a) I feel that I am a person of worth, at least on an equal plane with others | ☐ | ☐ | ☐ | ☐ |
| b) I feel that I have a number of good qualities | ☐ | ☐ | ☐ | ☐ |
| c) All in all, I am inclined to feel that I am a failure | ☐ | ☐ | ☐ | ☐ |
| d) I am able to do things as well as most other people | ☐ | ☐ | ☐ | ☐ |
| e) I feel I do not have much to be proud of | ☐ | ☐ | ☐ | ☐ |
| f) I take a positive attitude towards myself | ☐ | ☐ | ☐ | ☐ |
| g) On the whole, I am satisfied with myself | ☐ | ☐ | ☐ | ☐ |
| h) I wish I could have more respect for myself | ☐ | ☐ | ☐ | ☐ |
| i) I certainly feel useless at times | ☐ | ☐ | ☐ | ☐ |
| j) At times I think I am no good at all | ☐ | ☐ | ☐ | ☐ |

**34. Over the past 2 weeks, how often have you been bothered by any of the following problems?** *(Please circle one number for each row)*

| | Not at all | Several Days | More Than Half The Days | Nearly Every Day |
|---|---|---|---|---|
| a) Little interest or pleasure in doing things | **0** | **1** | **2** | **3** |
| b) Feeling down, depressed or hopeless | **0** | **1** | **2** | **3** |
| c) Trouble falling asleep, staying asleep, or sleeping too much | **0** | **1** | **2** | **3** |
| d) Feeling tired or having little energy | **0** | **1** | **2** | **3** |
| e) Poor appetite or overeating | **0** | **1** | **2** | **3** |
| f) Feeling bad about yourself – or that you're a failure or have let yourself or your family down | **0** | **1** | **2** | **3** |
| g) Trouble concentrating on things, such as reading the newspaper or watching television | **0** | **1** | **2** | **3** |
| h) Moving or speaking so slowly that other people could have noticed. Or, the opposite–being so fidgety or restless that you have been moving around a lot more than usual | **0** | **1** | **2** | **3** |
| i) Thoughts that you would be better off dead or of hurting yourself in some way | **0** | **1** | **2** | **3** |

**35. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?**

a) Not difficult at all ☐ b) Somewhat difficult ☐ c) Very difficult ☐ d) Extremely difficult ☐

**36. Below are some statements about feelings and thoughts. Please tick the box in each row that best describes your experience of each over the last <u>2 weeks</u>** *(One tick for each row)*

| | None of the time | Rarely | Some of the time | Often | All of the time |
|---|---|---|---|---|---|
| a) I've been feeling optimistic about the future | ☐ | ☐ | ☐ | ☐ | ☐ |
| b) I've been feeling useful | ☐ | ☐ | ☐ | ☐ | ☐ |
| c) I've been feeling relaxed | ☐ | ☐ | ☐ | ☐ | ☐ |
| d) I've been feeling interested in other people | ☐ | ☐ | ☐ | ☐ | ☐ |
| e) I've had energy to spare | ☐ | ☐ | ☐ | ☐ | ☐ |
| f) I've been dealing with problems well | ☐ | ☐ | ☐ | ☐ | ☐ |
| g) I've been thinking clearly | ☐ | ☐ | ☐ | ☐ | ☐ |
| h) I've been feeling good about myself | ☐ | ☐ | ☐ | ☐ | ☐ |
| i) I've been feeling close to other people | ☐ | ☐ | ☐ | ☐ | ☐ |
| j) I've been feeling confident | ☐ | ☐ | ☐ | ☐ | ☐ |
| k) I've been able to make up my own mind about things | ☐ | ☐ | ☐ | ☐ | ☐ |
| l) I've been feeling loved | ☐ | ☐ | ☐ | ☐ | ☐ |
| m) I've been interested in new things | ☐ | ☐ | ☐ | ☐ | ☐ |

**36. Below are some statements about feelings and thoughts. Please tick the box in each row that best describes your experience of each over the last <u>2 weeks</u>** *(One tick for each row)*

| | None of the time | Rarely | Some of the time | Often | All of the time |
|---|---|---|---|---|---|
| n) I've been feeling cheerful | ☐ | ☐ | ☐ | ☐ | ☐ |

**37. Under each heading, please tick the ONE box that best describes your health TODAY**

a) **MOBILITY**

- I have no problems in walking about ☐
- I have slight problems in walking about ☐
- I have moderate problems in walking about ☐
- I have severe problems in walking about ☐
- I am unable to walk about ☐

b) **SELF CARE**

- I have no problems washing or dressing myself ☐
- I have slight problems washing or dressing myself ☐
- I have moderate problems washing or dressing myself ☐
- I have severe problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

c) **USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)**

- I have no problems doing my usual activities ☐
- I have slight problems doing my usual activities ☐
- I have moderate problems doing my usual activities ☐
- I have severe problems doing my usual activities ☐
- I am unable to do my usual activities ☐

d) **PAIN / DISCOMFORT**

- I have no pain or discomfort ☐
- I have slight pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have severe pain or discomfort ☐
- I have extreme pain or discomfort ☐

e) **ANXIETY / DEPRESSION**

- I am not anxious or depressed ☐
- I am slightly anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am severely anxious or depressed ☐
- I am extremely anxious or depressed ☐

**38. We would like to know how good or bad your health is TODAY.**

This scale is numbered from 0 to 100

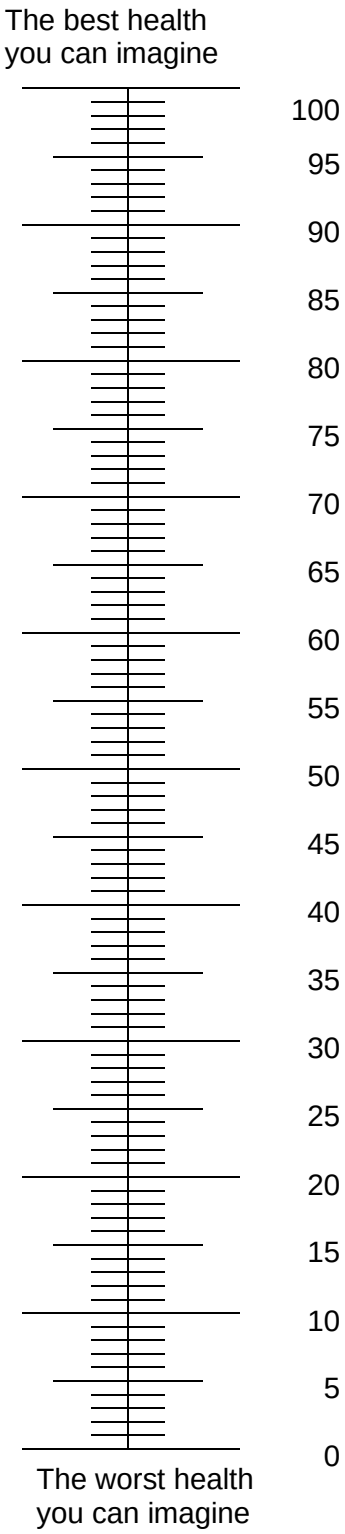
100 means the best health you can imagine

0 means the worst health you can imagine

**Mark an X on the scale to indicate how your health is TODAY**

Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY = ☐



**39. In the last three months, have you been to hospital because of your pain?**

*(Please tick "yes" or "no" for each line. If you answer "yes" to any of them please tell us how many times you used the service.)*

| | No | Yes | | |
|---|---|---|---|---|
| Been to accident and emergency (casualty) | ☐ | ☐ | Total number of visits | ☐☐ |
| Stayed in hospital overnight | ☐ | ☐ | Total number of nights | ☐☐ |
| Had a hospital outpatient appointment | ☐ | ☐ | Total number of appointments | ☐☐ |
| Been treated as a hospital day case | ☐ | ☐ | Total number of days | ☐☐ |

**40. In the last three months, have you used any of the services below because of your pain?**

*Please tick "yes" or "no" for each line. If you answer "yes" to any of them please tell us how many times you used the service, how long your contact with that person lasted (on average if more than once) and when applicable tick if the service was private.*

| | No | Yes | Private | No of times | On average, how many minutes did you see/talk to them for? |
|---|---|---|---|---|---|
| **GP and practice nurse** | | | | | |
| Saw GP at the surgery | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Saw GP at home | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Phoned GP for advice | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Saw practice nurse | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Phoned practice nurse for advice | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Got a repeat prescription (without seeing doctor) | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| **Social Services** | | | | | |
| Got meals on wheels | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Home help came round | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| Saw social worker | ☐ | ☐ | | ☐☐ | ☐☐☐ |
| **Physiotherapist** | | | | | |
| Saw at the hospital | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| Saw at home | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| Saw at the GP surgery or a clinic | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| **Occupational therapist** | | | | | |
| Saw at the hospital | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| Saw at home | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| Saw at the surgery or a clinic | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| Pain self-management session | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |
| Others *(e.g. alternative therapies voluntary services)* | ☐ | ☐ | ☐ | ☐☐ | ☐☐☐ |

_____

**41. In the last three months, have you, your relatives/friends, the NHS or social services paid for**

**any of the following because of your pain?**

*(Please tick "yes" or "no" for each line and tell us how much it cost.)*

| | No | Yes | How much has this cost altogether in the last 3 months? | Who paid for this? |
|---|---|---|---|---|
| Employing extra help *(e.g. childcare or cleaning)* | ☐ | ☐ | £ ---------- | ---------- |
| Transport to get healthcare *(e.g. to go to your GP surgery or hospital)* | ☐ | ☐ | £ ---------- | ---------- |
| Transport to get to pain self-management sessions | ☐ | ☐ | £ ---------- | ---------- |
| Changes to your home *(e.g. moving bathroom downstairs, stairlift)* | ☐ | ☐ | £ ---------- | ---------- |
| Special equipment *(not mentioned above)* | ☐ | ☐ | £ ---------- | ---------- |
| Any other costs due to pain _____ | ☐ | ☐ | £ ---------- | ---------- |

**42. <u>In the last three months</u>, have friends or relatives helped you with tasks at home which you couldn't do <u>because of your pain</u>?**

No ☐ Yes ☐

*If **yes**, please tick below the tasks they helped you with and for how many hours per week.*

| | No | Yes | Typically how many hours per week |
|---|---|---|---|
| Personal care *(e.g. bathing, dressing)* | ☐ | ☐ | ☐☐ |
| Child care | ☐ | ☐ | ☐☐ |
| Housework / laundry | ☐ | ☐ | ☐☐ |
| Providing transport / taking you out | ☐ | ☐ | ☐☐ |
| Preparing meals | ☐ | ☐ | ☐☐ |
| Gardening | ☐ | ☐ | ☐☐ |
| Shopping | ☐ | ☐ | ☐☐ |
| Looking after pets | ☐ | ☐ | ☐☐ |
| Generally providing support | ☐ | ☐ | ☐☐ |
| Other *(Please describe below)* | ☐ | ☐ | ☐☐ |

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**This section is about the health care you have had over the PAST 4 WEEKS**

**43. Over the PAST 4 WEEKS, have you taken any medicines prescribed by a doctor for your pain?**

No ☐ Yes ☐

***If yes,*** *please list these, giving the name of the medicine and number of days on which you took it*

| Name of Medicine | Number of days in total in which you took the medication |
|---|---|
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |

**44. Over the PAST 4 WEEKS, have you taken any complementary medicine for your pain (for example, glucosamine sulphate or cod liver oil)?**

No ☐ Yes ☐

***If yes,*** *please list these, giving the name of the medicine and number of days on which you took it*

| Name of Medicine | Number of days in total in which you took the medication |
|---|---|
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |

**45. Over the PAST 4 WEEKS, have you taken any other medicines (e.g. that you bought at a chemist) for your pain?**

No ☐ Yes ☐

***If yes,*** *please list these, giving the name of the medicine and number of days on which you took it*

| **Name of Medicine** | **Number of days in total in which you took the medication** |
|---|---|
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |
| | ☐☐ days |

**46. Over the PAST 4 WEEKS, have you received treatment from a complementary therapist for your pain?**

No ☐ Yes ☐

***If yes,*** *please give details below*

Chiropractor ☐ times

Osteopath ☐ times

Other complementary therapist *(please specify)* ☐ times

Other complementary therapist *(please specify)* ☐ times

**47. How many adults (including yourself) live in your household?** ☐☐

**48. And how many children under 18 years old?** ☐☐

**49. Roughly how much of the total household income comes from money which you personally earn in a paid job?**
*(Please do not include any money that you receive from pensions or investments) (Tick one box)*

a) None ☐ b) Less than a quarter ☐ c) Between a quarter and a half ☐

d) Half or more ☐

**50. Is anyone outside your household financially dependent on you?** *(Tick one box)*

a) Yes ☐ b) No ☐

**51. Is your home ….** *(Tick the box that best applies)*

a) Owned outright by you or someone else in the household? ☐

b) Owned by you or someone else in the household, but with a mortgage? ☐

c) Rented? ☐

d) Rent free? ☐

e) Other? *(please specify)* ☐

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**52. How well do you feel you are managing financially these days?** *(Tick the box that best applies)*

a) Living comfortably ☐

b) Doing alright ☐

c) Just about getting by ☐

d) Finding it difficult to make ends meet ☐

e) Finding it very difficult to make ends meet ☐

**53. Are there things which you used to have, and which you would like to have now, but can no longer afford?** *(Tick one box)*

a) No ☐ b) A few things ☐ c) Many things ☐

**54. Are there things which your friends or family have, that you would like to have but cannot afford?** *(Tick one box)*

a) No ☐ b) A few things ☐ c) Many things ☐

**55. Do you receive any state benefits?**

No ☐ Yes ☐

***If yes,*** *please tick below which benefits you get and tell us how much you get altogether*

| | | | |
|---|---|---|---|
| a) Income support | ☐ | b) Invalidity allowance | ☐ |
| c) Family credit | ☐ | d) Disability working allowance | ☐ |
| e) Jobseeker's allowance | ☐ | f) Working tax credit | ☐ |
| g) Housing benefit | ☐ | h) Employment support allowance | ☐ |
| i) Statutory sick pay | ☐ | j) Personal Independence allowance | ☐ |
| k) Universal credit | ☐ | l) Carers allowance | ☐ |
| m) Others | ☐ | *(please specify)* | ---------- |

n) **How much do you receive altogether in benefits each week?** **£** _____

**56. What is the total income of your <u>household per week from all sources before taxes and deductions</u>? (Excluding housing benefit and council tax rebate)**

*Note: a household is either one person living alone, or a group of people (who may or may not be related) living, or staying temporarily, at the same address, with common housekeeping.*

*Please tick one box*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| a) | £0-£99 | (£0 - £5,199 per year) | ☐ | b) | £350-£449 | (£18,200 - £23,399 per year) | ☐ |
| c) | £100-£149 | (£5,200-£7,799 per year) | ☐ | d) | £450-£599 | (£23,400 - £31,199 per year) | ☐ |
| e) | £150-£249 | (£7,800-£12,999 per year) | ☐ | f) | £600-£749 | (£31,200 - £38,999 per year) | ☐ |
| g) | £250-349 | £13,000-£18,199 per year) | ☐ | h) | £750 or more | (£39,000 or more per year) | ☐ |

**57. Please give your height and your weight**

Height ☐ ft ☐☐ ins or ☐☐☐ cm

Weight ☐☐ st ☐☐ lbs or ☐☐☐ kg

**58.** **Using the units shown below please tell us what your alcohol consumption is.** *(Please circle one number on each line)*

| |  |  |  |  |  | |
|---|---|---|---|---|---|---|
| | Pint of Regular Beer/Lager/Cider | Alcopop or can of lager | Glass of Wine (175 ml) | Single measure of spirits | Bottle of wine | |
| | **Remember, drinks poured at home are usually bigger** | | | | | |

| | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |
|---|---|---|---|---|---|
| a) How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | **0** | **1** | **2** | **3** | **4** |
| b) How often during the last year have you failed to do what was normally expected from you because of your drinking? | **0** | **1** | **2** | **3** | **4** |
| c) How often during the last year have you been unable to remember what happened the night before because you had been drinking? | **0** | **1** | **2** | **3** | **4** |
| | **No** | | **Yes, but not in the last year** | | **Yes, during the last year** |
| d) Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | **0** | **1** | **2** | **3** | **4** |

**59.** **Have you ever smoked regularly** *(at least once a day for a month or longer)***?**

a) No ☐ b) Yes ☐

**60.** **If yes, how old were you when you first smoked regularly?** ☐☐ years old

**61.** **Do you still smoke regularly?** *(Tick one box)*

a) No ☐ b) Yes ☐

**62.** **If No, how old were you when you last smoked regularly?** ☐☐ years old

# You have finished
# Many thanks for all your help

**If you have any comments you wish to make about these questions please write in the box below**