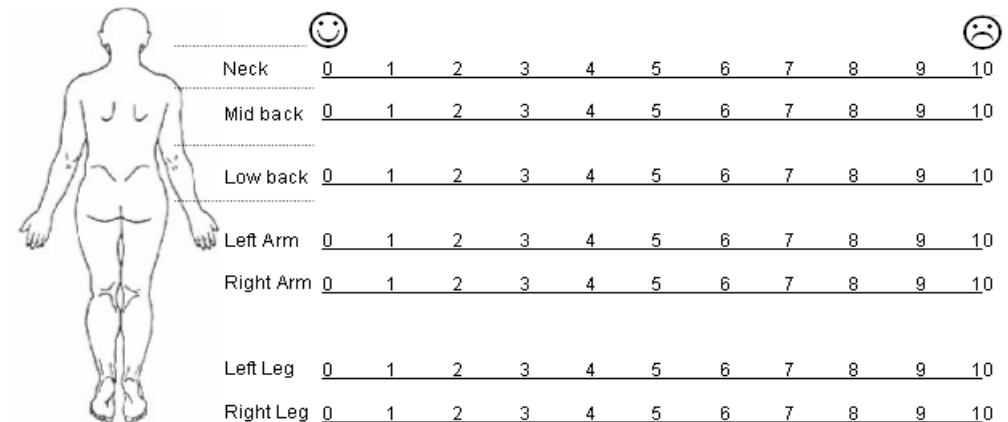


This questionnaire is part of a research project to study about the pain and discomfort in your spine. We also wish to compare between the different groups of workers in our hospital. Participation in this survey is purely voluntary but your cooperation is highly appreciated. This questionnaire is for all personnel and not restricted to only those suffering from back pain. Please answer all questions. Many thanks for participating in the survey.

George Ampat, Consultant Orthopaedic Surgeon, Southport and Ormskirk Hospital

Year of birth	Sex Male / Female	Job
My weight	My height

1. Below find a few lines. These lines are to measure the severity of your pain. The beginning of the line on the left indicates 'NO PAIN'. The end of the line on the right or '10' indicates the most severe pain that you can imagine. Please indicate a value of your pain in each of the areas shown in the diagram by circling a number.



- Do you smoke? **Yes / No**. If yes please let us know how many you smoke in a day?
.....**cigarettes / roll ups / grams**
- Accidents Have you had any significant accident/s in the past? **Yes / No**. (Please include any accident whether at home or at work or on the roads.)

BACK AND NECK PAIN EPIDEMIOLOGICAL SURVEY AMONG PERSONNEL AT SOUTHPORT AND ORMSKIRK HOSPITALS NHS TRUST

SEFTON LOCAL RESEARCH ETHICS COMMITTEE APPROVAL No. 06/Q1501/182

Please now provide details of the two most severe accidents that you have had in the past

Accident 1

Date (approximate)
What happened / Short description
Where did it happen At Home / At Work / On the roads
Whose fault was it Mine / Others / Not applicable
Is there a compensation claim Yes / No
What part of your body part did you injure
How severe was the pain a week following the accident on a scale of 0 to 10.....
How long did the pain last days / weeks / months / years

Accident 2

Date (approximate)
What happened / Short description
Where did it happen At Home / At Work / On the roads
Whose fault was it Mine / Others / Not applicable
Is there a compensation claim Yes / No
What part of your body part did you injure
How severe was the pain a week following the accident on a scale of 0 to 10.....
How long did the pain last days / weeks / months / years

For questions 4 to 7 please darken one circle in each row that best describes your condition

4. LIFE IN GENERAL

	Not at all	Slightly	Moderately	Quite a bit	Largely	Extremely
My life is stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my family & friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. TYPE OF WORK

	All of the time	Most of the time	A Good Bit of the Time	Some of the time	A little of the time	None of the time
How much of your work involves Sitting at a desk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of your work involves Standing or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of your work involves Lifting weights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much of your work involves jumping, climbing ladders or other strenuous physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. STRESS/SATISFACTION AT WORK

	Not at all	Slightly	Moderately	Quite a bit	Largely	Extremely
My job is stressful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. LEISURE ACTIVITIES – AMOUNT OF TIME SPENT

	All of the time	Most of the time	A Good Bit of the Time	Some of the time	A little of the time	None of the time
Physical activity like running, Gymnasium etc	○	○	○	○	○	○
Watching TV, using computer	○	○	○	○	○	○
Chatting, Visiting pubs, Clubbing	○	○	○	○	○	○

For questions 8 to 17 please circle one number in each row that best describes your thoughts. The following questions are only if you are involved in a caring profession (Nurses, Physiotherapist, OTs, nursing students, nursing auxiliaries, doctors etc). Administrators and office workers please skip to question 17.

8. What are your thoughts on the level of staffing in your department / place of work

Well staffed **Grossly understaffed**

9. What are your thoughts on the availability of lifting equipment.

All necessary equipment available **None available.**

10. What are your thoughts on levels of training received and practiced with regards to manual handling and lifting?

Well trained **Grossly under trained.**

How strongly do you agree with the following 6 statements

11. Nursing involves hard physical labour

Strongly agree **Completely disagree.**

12. I have to do more for the patient than ask the patient to do by himself / herself

Strongly agree **Completely disagree.**

13. I should get on with work rather than ask for help with manual handling

Strongly agree **Completely disagree.**

14. Manual handling aides are a waste of precious nursing time.

Strongly agree **Completely disagree.**

15. Back pain is an inherent part of nursing career

Strongly agree **Completely disagree.**

16. I do not complain if I have back pain.

Strongly agree **Completely disagree.**

17. On a scale of 0 to 10, please circle the ease of answering questions 1 to 16

Simple & Easy **Difficult and Tiring.**

For questions 18 to 32 please circle one number in each question that best describes your current condition.

18. The pain in your back? How severe is it?

No pain

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

 Intolerable.

19. The pain in your back at night? How severe is it?

No pain

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

 Intolerable.

20. How stressful should some task or work be before it can give you back pain?

Very stressful

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

 Not stressful at all.

21. Do you get relief from pain killers?

Complete relief

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

 No relief / Intolerable.

22. Do you have stiffness in your back?

No stiffness

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

 Intolerable stiffness.

23. Does your back pain interfere with your freedom to walk

Complete freedom to walk

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

 Completely unable to walk because of pain.

24. Do you have discomfort when walking

None at all

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

 Intolerable.

25. Does your pain interfere with your ability to stand still?

None at all

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

 Intolerable.

26. Does your pain prevent you from turning and twisting?

Complete freedom to twist

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

 Completely incapable of twisting

27. How comfortable are you when sitting on an upright hard chair?

Complete comfort to sit on a hard chair

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

 So much pain that I cannot sit on such a chair at all.

28. How comfortable are you when sitting in a soft armchair

Complete comfort

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

 Such discomfort that I cannot sit in a soft chair at all.

29. How comfortable are you when lying down in bed

Complete comfort

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

 No comfort at all.

30. How handicapped are you because of back pain

Completely free to perform any task

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

 Totally handicapped.

31. To what extent does your pain interfere with your work

No interference at all

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

 Totally incapable of work

32. To what extent does your work have to be modified so that you are able to do your job?

No adjustment to work

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

 So much adjustment that I have had to change my job

33. On a scale of 0 to 10, please circle the ease of answering questions 18 to 32

Simple & Easy

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

 Difficult and Tiring.

For questions 34 to 40 please darken one circle in each row that best describes your condition.

34. In general, would you say your health is:

Excellent Very good Good Fair Poor

35. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Yes, limited a lot Yes, limited a little No, not limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

All of the time Most of the time Some of the time A little of the time None of the time

Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

All of the time Most of the time Some of the time A little of the time None of the time

Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all A little bit Moderately Quite a bit Extremely

39. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

All of the time Most of the time Some of the time A little of the time None of the time

Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt downhearted and depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities (like visiting friends, relatives, etc.)?

Not at all Slightly Moderately Quite a bit Extremely

41. On a scale of 0 to 10, please circle the ease of answering questions 34 to 40

Simple & Easy Difficult and Tiring.

For questions 42 to 51 please darken one circle in each block that best describes your condition with regards to your lower back.

42. PAIN INTENSITY

- I have no pain currently.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

43. PERSONAL CARE

(Washing, Dressing etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed wash with difficulty and stay in bed.

44. LIFTING

- I can lift heavy objects without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned eg. on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

45. WALKING

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than 1/4 of a mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

46. SITTING

- I can sit in any chair as long as I like.
- I can sit in my favourite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 an hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

47. STANDING

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 1/2 an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all

48. SLEEPING

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

49. SEX LIFE (if applicable)

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

50. SOCIAL LIFE

- My social life is normal and causes no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg sport.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted social life to my home.
- I have no social life because of pain.

51. TRAVELLING

- I can travel anywhere without pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys of over 2 hours.
- Pain restricts me to journeys of less than 1 hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from travelling except to receive treatment.

52. On a scale of 0 to 10, please circle the ease of answering questions 42 to 51

Simple & Easy

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

Difficult and Tiring.

For questions 53 to 62 please darken one circle in each row that best describes your condition with regards to your neck.

53. PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

54. PERSONAL CARE (Washing, Dressing, etc.)

- I can look after myself normally, without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed; I wash with difficulty and stay in bed.

55. LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all..

56. READING

- I can read as much as I want to, with no pain in my neck.
- I can read as much as I want to, with slight pain in my neck.
- I can read as much as I want to, with moderate pain in my neck.
- I can't read as much as I want, because of moderate pain in my neck.
- I can hardly read at all, because of severe pain in my neck.
- I cannot read at all.

57. HEADACHES

- I have no headaches at all
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

58. CONCENTRATION

- I can concentrate fully when I want to, with no difficulty.
- I can concentrate fully when I want to, with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

59. WORK

- I can do as much work as I want to.
- I can do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

60. DRIVING

- I can drive my car without any neck pain.
- I can drive my car as long as I want, with slight pain in my neck.
- I can drive my car as long as I want, with moderate pain in my neck.
- I can't drive my car as long as I want, because of moderate pain in my neck.
- I can hardly drive at all, because of severe pain in my neck.
- I can't drive my car at all.

61. SLEEP

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. sleepless)
- My sleep is mildly disturbed (1-2 hrs sleepless).
- My sleep I moderately disturbed (2-3 hrs. sleepless).
- My sleep is greatly disturbed (3-5 hrs. sleepless).
- My sleep is completely disturbed (5-7 hrs. sleepless).

62. DIFFICULTY IN RECREATION DUE TO NECK PAIN ONLY

- I am able to engage in all my recreation activities, with no neck pain at all.
- I am able to engage in all my recreation activities, with some neck pain.
- I am able to engage in most, but not all, of my usual recreation activities.
- I am able to engage in few of my recreation activities, due of my neck pain.
- I can hardly do any recreation activities, because of pain in my neck.
- I can't do any recreation activities at all.

63. On a scale of 0 to 10, please circle the ease of answering questions 53 to 62

Simple & Easy	0	1	2	3	4	5	6	7	8	9	10	Difficult and Tiring.
------------------	---	---	---	---	---	---	---	---	---	---	----	--------------------------