NORSK NAKKE- OG RYGGREGISTER

Pas id

☐ First consultation

Form 1a: Questionnaire before first consultation
(To be filled out by the patient before the consultation.)

Questionnaire for persons with back- and neck-problems

Version 2.1

The purpose of this questionnaire is to give physicians, physiotherapists and nurses a better understanding of the health issues of persons with neck and back problems. The answers you provide in this questionnaire will be very useful in the delivery of the best possible care for persons with neck or back pain in the future.

The questionnaire has several sections. The first section involves questions related to your education, vocational situation and family. Then we will ask you about the duration and type of your pains, use of painkillers, physical activities and the effect of earlier treatments. The subsequent sections consist of various sets of questions evaluating your current health and function. The first questionnaire measures how the pains influence your daily activities. With regard to neck issues, you will be asked to fill out an additional questionnaire. Furthermore, the extent to which physical activities affect your back or neck will be recorded. The next questionnaire measures your physical and psychological distress, and health related issues in the last 30 days.

Patient data

Nat.ID.no.

Address

Age (years)

Gender ☐ Male ☐ Female

Date of completion . .
Day Month Year

Family

☐ Married / in registered partnership
☐ Cohabiting
☐ Single

How many children do you have?

How many children live with you in the household?

Nationality

☐ Norway ☐ North and Central America
☐ Europe ☐ South America
☐ Africa ☐ Other
☐ Asia

Interpreter at the consultation ☐ Yes ☐ No

Education and profession

1. What is your highest level of education completed?

☐ Primary school, 7-10 years
☐ Vocational school
☐ Senior high school
☐ College or university (less than 4 years)
☐ College or university (4 years or above)

2. What is your current profession, or which profession did you previously have (before you became unemployed, retired or received disability benefits).

.....

NORSK NAKKE- OG RYGGREGISTER

Pas id

Difficulty reading and writing

- ☐ Yes, a great deal
- ☐ Yes, to some extent
- ☐ No

Are you currently employed? Do not take into account any leave or sick leave you might be taking. (Check one of the options)

☐ Yes ☐ No

We are interested in knowing the extent of your employment. What is the full-time-equivalent percentage (FTE %) of your job? Do not take into account any sick leave or leave you might be taking (if you have several jobs, indicate the accumulative FTE %).employment.

☐☐☐ %

Current work status

- ☐ Currently working
- ☐ Unemployed
- ☐ On sick leave
- ☐ Homemaker (unpaid)
- ☐☐☐ % sick leave
- ☐ Student
- ☐ Work assessment allowance
- ☐ Retired
- ☐ Disability benefit
- ☐☐☐ % benefit

Have you been on sick leave due to the same or similar condition during the last 2 years?

- ☐ No
- ☐ Yes, once
- ☐ Yes, 2 - 5 times
- ☐ Yes, 6 - 10 times
- ☐ Yes, over 10 times

Start date of the last sick leave due to the current condition

☐☐ . ☐☐ . ☐☐

Day Month Year

☐ Exact date is unknown, indicate the month: ☐☐

Your current work ability compared to the time when your work ability was at its best. We assume that your work ability at its best can be rated 10 points. How many points would you rate your current work ability? 0 means that you are unable to work at the moment.

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

Totally unable to work — Work ability at its best

Work conditions

How would you rate your work ability in relation to the physical demands of your job? (If you do not have a job now, think about your last job)

☐ Very good ☐ Rather good ☐ Moderate ☐ Rather poor ☐ Very poor

How would you rate your work ability in relation to the mental demands of your job? (If you do not have a job now, think about your last job)

☐ Very good ☐ Rather good ☐ Moderate ☐ Rather poor ☐ Very poor

How satisfied are you with the job you have? Check a number that represents your satisfaction best.

Not satisfied	0	1	2	3	4	5	6	7	8	9	10	*Totally satisfied*
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Duration of complaints

Continuous duration of current pain:

- ☐ No pain
- ☐ Less than 3 months
- ☐ 3 – 12 months
- ☐ 1 – 2 years
- ☐ More than 2 years

Have you applied for disability benefit? ☐ Yes ☐ No

Have you applied for compensation? ☐ Yes ☐ No

Do you feel that your employer would like to have you back at work?

☐ Yes ☐ No

Causes of pain

What do you think is the cause of your pain?
Check one or several options

- ☐ Workload
- ☐ Load at home
- ☐ Emotional distress
- ☐ Leisure activities
- ☐ Skeletal injury
- ☐ Muscular injury
- ☐ Nerve injury
- ☐ Malpractice
- ☐ Don't know
- ☐ Other causes

Do you smoke daily?

☐ Yes ☐ No

Where is your pain?

Where is your current pain? Check for the body regions that have been painful for the last 14 days.

FRONT SIDE		BACK SIDE	
☐ Head	☐ Right wrist/hand	☐ Head	☐ Right wrist/hand
☐ Neck	☐ Left wrist/hand	☐ Neck	☐ Left wrist/hand
☐ Chest	☐ Right hip or thigh	☐ Chest back (upper part of back)	☐ Right hip or thigh
☐ Right shoulder	☐ Left hip or thigh	☐ Right shoulder	☐ Left hip or thigh
☐ Left shoulder	☐ Right knee	☐ Left shoulder	☐ Right knee
☐ Right elbow	☐ Left knee	☐ Right elbow	☐ Left knee
☐ Left elbow	☐ Right ankle/foot	☐ Left elbow	☐ Right ankle/foot
☐ Abdomen	☐ Left ankle/foot	☐ Low back	☐ Left ankle/foot

Pain experience

How will you grade your pain **at rest** the last week? Check a number that represents your pain best.

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

How will you grade your pain **during activity** the last week? Check a number that represents your pain best.

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

NORSK NAKKE- OG RYGGREGISTER

Pas id | | | | | | | | | | | |

Painkillers

How often have you used the following medications in the last 4 weeks?
Check one box per line..

	Not used in the last 4 weeks	Less than once per week	Every week, but not daily	Daily
Over the counter painkillers	☐	☐	☐	☐
Prescription painkillers	☐	☐	☐	☐

Physical activity

What is your level of activity with respect to exercise/movement/physical exertion in your leisure time? (If the activity varies a lot, e.g. between summer and winter, estimate the average. The questions only refer to **the past year**. Check the one that best describes your situation)

☐ My leisure activity consists of mostly reading, watching TV, or other sedentary hobbies

☐ I take walks, bike, or exercise one way or another at least 4 hours a week (including walking/biking to work, Sunday walks, etc.)

☐ I do recreational sports, heavy yard work or other similar activities (the activity has to be at least 4 hours per week)

☐ I am involved in heavy training or competitive sport, regularly or several times a week.

Previous treatment

Have you received other treatment for your current issues?

☐ Yes ☐ No ☐ I don't know

What effect do you think the following treatment had on your condition?

	Better	Uchanged	Worse
Training with physiotherapist	☐	☐	☐
Other treatment from the physiotherapist (massage, heat packs, electrotherapy, etc)	☐	☐	☐
Manual therapy	☐	☐	☐
Psychomotor physiotherapy	☐	☐	☐
Chiropractor	☐	☐	☐
Operation	☐	☐	☐
Other treatment	☐	☐	☐

Function mapping

This questionnaire has been designed to give us information as to how your back og leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please just check the box that indicates the statment which most clearly describes your problem.

1. 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

2. 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

3. 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 convently placed e.g. 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 very light weights

☐ I cannot lift or carry anything at all

4. Walking

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 1 ½ km
- ☐ Pain prevents me from walking more than ¾ km
- ☐ Pain prevents me from walking more than 100 m
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

5. Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favourite chair as long as I like
- ☐ Pain prevents me sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

6. 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 30 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

7. 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

8. 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

9. Social life

- ☐ My social life is normal and gives me 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 e.g. sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

10. Travelling

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

ODI (Fairbank JC et al, 1980)

NORSK NAKKE- OG RYGGREGISTER

Pas id | | | | | | | | | | |

In case of neck pain also fill out the following form

Is your main problem neck pain? Mark what works best for you

1 - 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

2 - 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 can 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

3 - Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives extra pain
- ☐ Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example 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 only lift very light weights
- ☐ I cannot lift or carry anything

4 - 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 with moderat 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

5 - Headaches

- ☐ I have no headaches at all
- ☐ I have slight headaches, which come infrequently
- ☐ I have moderate headaches, which come infrequently
- ☐ I have moderate headaches, which come frequently
- ☐ I have severe headaches, which come frequently
- ☐ I have headaches almost all the time

6 - 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

Pas id

7 - Work

- ☐ I can do as much work as I want to
- ☐ I can only 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

8 - 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

9 - Sleeping

- ☐ 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 is moderately disturbed (2-3 hrs sleepless)
- ☐ My sleep is greatly disturbed (3-5 hrs sleepless)
- ☐ My sleep is completely disturbed (5-7 hrs sleepless)

10 - Recreation

- ☐ 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 pain in my neck
- ☐ I am able to engage in most, but not all of my usual recreation activities because of pain in my neck
- ☐ I am able to engage in a few of my usual recreation activities because om pain in my neck
- ☐ I can hardly do any recreation activities because of pain in my neck
- ☐ I can't do any recreation activities at all

(Originalartikkel: Vernon, H., & Hagino, C. The Neck Disability Index: a study of reliability and validity. J Manipulative Physiol Ther. 1992 vol. 15 no 1 pp. 409-415) Oversatt av NAR-Ortopedisk senter, UUS, Oslo; 2005.

Physical activity and work

Here are some of the things which other patients have told us about their pain.For each statement please check any number from 0 (Completely disagree) to 6 (Completely agree) to say how much physical activities such as bending, lifting, walking or driving affect or would affect your back pain.

		Completely disagree 0	1	2	Unsure 3	4	5	Completely agree 6
1	Physical activity makes my pain worse	☐	☐	☐	☐	☐	☐	☐
2	Physical activity might harm my back	☐	☐	☐	☐	☐	☐	☐
3	I should not do physical activities which (might) make my pain worse	☐	☐	☐	☐	☐	☐	☐
4	I cannot do physical activities which (might) make my pain worse	☐	☐	☐	☐	☐	☐	☐

The following statements are about how your normal work affects or would affect your back pain.

		Completely disagree 0	1	2	Unsure 3	4	5	Completely agree 6
5	My pain was caused by my work or by an accident at work	☐	☐	☐	☐	☐	☐	☐
6	My work aggravated my pain	☐	☐	☐	☐	☐	☐	☐
7	My work is too heavy for me	☐	☐	☐	☐	☐	☐	☐
8	My work makes or would make my pain worse	☐	☐	☐	☐	☐	☐	☐
9	My work might harm my back	☐	☐	☐	☐	☐	☐	☐
10	I should not do my normal work with my present pain	☐	☐	☐	☐	☐	☐	☐
11	I do not think that I will be back to my normal work within 3 months	☐	☐	☐	☐	☐	☐	☐

The Fear-Avoidance Beliefs Questionnaire (FABQ) (Waddell et al 1993)
Originalversjonen av FABQ har 16 items. Her er kun utsagn som skåres tatt med.

How are you?

When pain and other ailments have lasted for a while, one often feels down and tired. This may often cause such ailments as mentioned below. Collectively, these are used here as a measure of physical and mental stress.
Listed below are some symptoms or problems that people sometimes have. Please read each one carefully and decide how much the symptoms bothered or distressed you during the last two weeks, including today:

	Not at all	A little	Quite a bit	Extremely
1. Suddenly scared for no reason	☐	☐	☐	☐
2. Feeling fearful	☐	☐	☐	☐
3. Faintness, dizziness or weaknesss	☐	☐	☐	☐
4. Feeling tense or keyed up	☐	☐	☐	☐
5. Blaming yourself for things	☐	☐	☐	☐
6. Difficulties in falling asleep or staying asleep	☐	☐	☐	☐
7. Feeling hopeless about the future	☐	☐	☐	☐
8. Feeling blue	☐	☐	☐	☐
9. Feeling everything is an effort	☐	☐	☐	☐
10. Feelings of worthlessness	☐	☐	☐	☐

Kleppang AL, Hagquist C.[SA1] The psychometric properties of the Hopkins Symptom Checklist-10: a Rasch analysis based on adolescent data from Norway. Fam Pract. 2016 Dec;33(6):740-745. doi: 10.1093/fampra/cmw091. Epub 2016 Sep 10. PMID: 27614099.

NORSK NAKKE- OG RYGGREGISTER Pas id

Health problems last 30 days

Here we will mention some normal health problems. We will ask you to consider each problem/symptom, and enter in what extent it has been a problem for you **the past 30 days**.

Example
If you feel that you have been quite bothered with cold/flu in the last month, fill out in this way:
Mark the one that fits the best.

	None	*Some*	*Much*	*Severe*
1. Cold, flu	☐	☐	☒	☐

Below are some common health problems (mark the one that fits best)

	None	*Some*	*Much*	*Severe*
1. Cold, flu	☐	☐	☐	☐
2. Coughing	☐	☐	☐	☐
3. Asthma	☐	☐	☐	☐
4. Headache	☐	☐	☐	☐
5. Neck pain	☐	☐	☐	☐
6. Upper back pain	☐	☐	☐	☐
7. Low back pain	☐	☐	☐	☐
8. Arm pain	☐	☐	☐	☐
9. Shoulder pain	☐	☐	☐	☐
10. Migraine	☐	☐	☐	☐
11. Extra heartbeats	☐	☐	☐	☐
12. Chest pain	☐	☐	☐	☐
13. Breathing difficulties	☐	☐	☐	☐
14. Leg pain during physical activity	☐	☐	☐	☐
15. Heartburn	☐	☐	☐	☐
16. Stomach discomfort	☐	☐	☐	☐
17. Ulcer/non-ulcer dyspepsia	☐	☐	☐	☐
18. Stomach pain	☐	☐	☐	☐
19. Gas discomfort	☐	☐	☐	☐
20. Diarrhoea	☐	☐	☐	☐
21. Obstipation	☐	☐	☐	☐
22. Eczema	☐	☐	☐	☐
23. Allergies	☐	☐	☐	☐
24. Heat flushes	☐	☐	☐	☐
25. Sleep problems	☐	☐	☐	☐
26. Tiredness	☐	☐	☐	☐
27. Dizziness	☐	☐	☐	☐
28. Anxiety	☐	☐	☐	☐
29. Sadness / depression	☐	☐	☐	☐

Only for women:

	None	*Some*	*Much*	*Severe*
30. Pre-menstrual syndrome	☐	☐	☐	☐
31. Period cramps	☐	☐	☐	☐
32. Nausea	☐	☐	☐	☐
33. Pelvis pain	☐	☐	☐	☐

How satisfied are you with the treatment you have received for your current condition so far?

- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Dissatisfied

UHI
(Ursin H et al, 1988)

NORSK NAKKE- OG RYGGREGISTER

Pas id | | | | | | | | | | | |

EQ-5D-5L Health Questionnaire

Please tick the ONE box that best describes your health TODAY.

1. 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

2. 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

3. 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

4. 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

5. 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

Health Questionnaire

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