

## Questions about the treatment of your joint pain

- There are several different treatments for joint pain.
- We would like to know what treatment, information or advice you have received from health professionals for your joint pain in the **past 3 months**.
- For each question, please put a cross in one of the boxes provided.

	<b>Yes</b>	<b>No</b>	<b>Don't remember</b>
1 Have you been given information about joint pain from a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you been given information about different treatment alternatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been given any advice on how you might help yourself to manage or deal with your joint pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you been given any support on how you might help yourself to manage or deal with your joint pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you been given information or advice about physical activity and exercise to help you with your joint pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you been offered a referral to a health professional who can advise you about physical activity and exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>Not overweight</b>
7 Have you been advised to lose weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If you are overweight, have you been offered a referral to services for losing weight (e.g. a dietician or a weight-loss group)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>No such problems</b>
9 If you have had problems with daily activities, have these problems been assessed by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If you have problems with walking, has your need for a walking aid (e.g. stick, crutch or walker) been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 If you have problems with other activities of daily living, has your need for appliances and aids (e.g. splints, assistive technology for cooking or personal hygiene, a special chair) been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>No pain</b>
12 If you have joint pain, has it been assessed by a health professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 If you have joint pain, was paracetamol the first pain killer recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>No prolonged severe pain</b>
14 If you have prolonged severe joint pain, for which paracetamol does not provide pain relief, have you been offered stronger pain killing medications (e.g. co-codamol, codeine, tramadol, co-proxamol, co-dydramol, dihydrocodeine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |    |   | Yes                      | No                       | Not taking such medications        |
|----|---|--------------------------|--------------------------|------------------------------------|
| 15 | If you use anti-inflammatory medications (e.g. ibuprofen (Nurofen, Brufen), diclofenac (Voltarol), naproxen (Naprosyn), celecoxib (Celebrex)), have you been given information about the effects and possible side-effects of the medication? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
|    |   | Yes                      | No                       | Not experienced such deterioration |
| 16 | If you have experienced an acute deterioration of your joint pain, have you been offered a steroid injection?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
|    |   | Yes                      | No                       | Not severely troubled              |
| 17 | If you are severely troubled by your joint pain, and exercise and medicine do not help, have you been offered a discussion about the benefits and risks of a joint replacement operation with a health care professional?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |
|    |   | Yes                      | No                       | Don't remember                     |
| 18 | Have you discussed and agreed with your health professional when you will have a review of your joint pain and treatment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           |

**About You**

This section contains general questions about yourself and your circumstances. Please answer ALL of the questions relevant to you.

- A What is your date of birth? (dd/mm/yyyy) //
- B What is your gender?  Male  Female  Other: .....
- C What is your ethnic origin?  White  Black-Caribbean  Black-African  
 Black-other  North African, Middle Eastern and Central Asian  South and South-East Asian  
 East Asian  Latin American  Other (please specify below)  
 .....
- D How long have you experienced joint pain (years/months)  years /  months

**IMPORTANT INFORMATION ABOUT THE USE OF THIS QUESTIONNAIRE**

These questions are being asked to gain your views as to your experience of your osteoarthritis care. Any information that you return will be shared in an anonymised form with the team evaluating the service. Your name will not be recorded or appear in any report. Your return of this questionnaire will be taken as consent to use your responses in this way. If you have any questions about this please contact XXXXX.

**WHEN COMPLETED, PLEASE HAND IN TO THE PRACTICE RECEPTIONIST**