

CCRE SPINE – Research Participant Database

PERSONAL DETAILS

TITLE: MR / MRS / MS / MISS / DR / PROF Other: _____

FIRST NAME: _____ **SURNAME:** _____

GENDER: M / F **DATE OF BIRTH:** Day Month Year

PHONE NUMBER: Home () Mobile

HOME ADDRESS:

State _____ Postcode _____

EMAIL ADDRESS:

ALTERNATIVE CONTACT:
(Preferably someone who does not live with you)

Name: _____
Address: _____

State _____ Postcode _____
Phone: _____ Mobile: _____

GENERAL HEALTH QUESTIONNAIRE

1. Do you have or have you had any of the following?

Stroke	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Dizziness/Fainting	<input type="checkbox"/>	Gout	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	Urinary Incontinence	<input type="checkbox"/>	Lung Surgery	<input type="checkbox"/>
Respiratory Condition	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>		

2. Have you had any major operations or surgical procedures of any kind?

YES / NO

If yes, please specify type of procedure and year:

3. Have you ever had pain or a major injury to your low back?

YES / NO

IF YES:

How often?

How bad?

How long ago did it start?

How did it start?

How many episodes?

Do you get leg pain with your back pain? YES / NO

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4. Have you ever had pain or major injury to your mid back?

YES / NO

IF YES:

How often?

Daily / Weekly / Monthly / Yearly / Less often

How bad?

Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start?

Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start?

Unknown / Accident / Sport Injury / Work Injury

How many episodes?

1 / 2-3 / 4-6 / 7-10 / More than 10

5. Have you ever had pain or major injury to your neck?

YES / NO

IF YES:

How often?

Daily / Weekly / Monthly / Yearly / Less often

How bad?

Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start?

Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start?

Unknown / Accident / Sport Injury / Work Injury

How many episodes?

1 / 2-3 / 4-6 / 7-10 / More than 10

Do you get shoulder or arm pain with your neck pain?

YES / NO

6. Have you ever had any pain or major injury to your head (including headaches).

YES / NO

IF YES:

How often?

Daily / Weekly / Monthly / Yearly / Less often

How bad?

Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start?

Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start?

Unknown / Accident / Sport Injury / Work Injury

How many episodes?

1 / 2-3 / 4-6 / 7-10 / More than 10

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7. Have you ever had any pain or major injury to your shoulder? YES / NO

IF YES:

How often? Daily / Weekly / Monthly / Yearly / Less often

How bad? Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start? Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start? Unknown / Accident / Sport Injury / Work Injury

How many episodes? 1 / 2-3 / 4-6 / 7-10 / More than 10

8. Have you ever had pain or major injury to your elbow? YES / NO

IF YES:

How often? Daily / Weekly / Monthly / Yearly / Less often

How bad? Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start? Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start? Unknown / Accident / Sport Injury / Work Injury

How many episodes? 1 / 2-3 / 4-6 / 7-10 / More than 10

9. Have you ever had any pain or major injury to your wrist/hand? YES / NO

IF YES:

How often? Daily / Weekly / Monthly / Yearly / Less often

How bad? Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start? Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start? Unknown / Accident / Sport Injury / Work Injury

How many episodes? 1 / 2-3 / 4-6 / 7-10 / More than 10

10. Have you ever had any pain or major injury to your hip? YES / NO

IF YES:

How often? Daily / Weekly / Monthly / Yearly / Less often

How bad? Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start? Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start? Unknown / Accident / Sport Injury / Work Injury

How many episodes? 1 / 2-3 / 4-6 / 7-10 / More than 10

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11. Have you ever had pain or major injury to your knee/thigh?

YES / NO

IF YES:

How often?

Daily / Weekly / Monthly / Yearly / Less often

How bad?

Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start?

Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start?

Unknown / Accident / Sport Injury / Work Injury

How many episodes?

1 / 2-3 / 4-6 / 7-10 / More than 10

12. Have you ever had any pain or major injury to your ankle/lower leg?

YES / NO

IF YES:

How often?

Daily / Weekly / Monthly / Yearly / Less often

How bad?

Very Mild / Mild / Moderate / Severe / Very Severe

How long ago did it start?

Last Week / 1-4 Weeks / 1-3 Months / 3-6 Months/ Longer

How did it start?

Unknown / Accident / Sport Injury / Work Injury

How many episodes?

1 / 2-3 / 4-6 / 7-10 / More than 10

I certify that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Participants Name:

Participants Signature:

Date:

