This questionnaire is about the health problem for which you are seeking treatment from this service. We would like to ask you now and in the future about your symptoms and about how you are doing. Please answer every question.

1. How old are you (years)? 
2. Gender: M □ F □ 3. Postcode 

4. Have you come for treatment from: Your GP or nurse □ A&E (casualty) □ Self-referral □ Other □ Consultant □

5. Which PART of your BODY is the main problem for which you are seeking treatment? (tick 1)
   - Shoulder □
   - Head □
   - Hip □
   - Elbow □
   - Neck □
   - Knee □
   - Wrist □
   - Back □
   - Ankle/foot □
   - Hand □
   - Widespread pain □
   - Other □

6. In the last 3 months, how many times have you seen your GP for this main problem? 

7. For HOW LONG have you had your CURRENT episode of this main problem?
   Number of Weeks □ Months □ Years □

8. How much do you expect your condition will RESPOND to treatment in this service?
   - It will get worse □
   - It will stay the same □
   - It will be cured □

9. Do you feel that your problem is terrible and that it is never going to get any better?
   Completely disagree □ Completely agree □

10. What is your current work situation?
    - I am retired □
    - I am not in paid work, because of my health □
    - I am not in paid work, but not because of my health (e.g. student) □
    - I am in work and have not had time off work because of my health □
    - I am in work having had time off in the last 3 months □
    - I am in work but am currently on sick leave because of my health □
    How many days off, in the last 3 months? □

11. How would you rate your GENERAL HEALTH and well-being for your age?
    Please do this by giving a number from 0 to 100 (where 0= poor health, and 100 = perfect health). □