

Backpain Assessment Clinic  
RHH Physiotherapy Service  
Department of Health  
Ph: 6166 8634  
20<sup>th</sup> May 2021

## **MTAS – Backpain Assessment Clinic**

### **PATIENT QUESTIONNAIRE**

Please fax the completed questionnaire with your referral to the BAC. The patient will be contacted for an appointment according to triage category once it is received and processed.

In order to provide you with the best care, we need some information about you and your back pain.

Please complete the following questionnaires. This should take about 15 minutes.

The information you provide will be part of your medical record and treated with the same level of confidentiality as your other health information.

If you are unable to complete this form, or have any questions about it, please contact the Backpain Assessment Clinic via the RHH Physiotherapy Service on 6166 8634.

**Q 1. Were you born in Australia?**

- Yes
- No *Please specify which country:* \_\_\_\_\_

**Q2. Do you need an interpreter to help you in health appointments?**

- No
- Yes *Please specify which language:* \_\_\_\_\_

**Q 2. Do you identify as Aboriginal and / or Torres Strait Islander?**

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

**Q 3. What is your employment status right now?**

- Employed (full-time)
- Employed (part-time)
- Unemployed - seeking work
- Unemployed - not seeking work (eg Disability pension)
- Retired
- Student
- Other: \_\_\_\_\_

**Q 4. Does your back condition affect your employment status?**

- No
- Yes - I want to work but am **unable to do any work** because of my back
- Yes - I want to **work more hours** but am unable because of my back
- Yes - I am **in a different job** to what I normally do because of my back

**Q 5. Do you smoke?**

- Yes - current smoker. Cigarettes per day: \_\_\_\_\_
- No - ex-smoker
- No - never smoked

**Q 6. Has a doctor told you that you have or had any of the following conditions? (Please tick those that apply)**

<input type="checkbox"/> Heart disease (eg angina, heart attack, heart failure)	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Leg pain when walking due to poor circulation
<input type="checkbox"/> Liver disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Lung disease (eg asthma, chronic bronchitis, emphysema)	<input type="checkbox"/> Stroke (or TIA / "mini stroke")	<input type="checkbox"/> Disease of the nervous system (eg Parkinson's or Multiple Sclerosis)
<input type="checkbox"/> Cancer	<input type="checkbox"/> Depression	<input type="checkbox"/> Arthritis conditions

**Q 7. Do you take any of the following painkillers?**

	No	Yes, sometimes	Yes, regularly
Over the counter / non-prescription painkillers (eg Paracetamol, Ibuprofen, Voltaren® etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription opioid painkillers (eg Tramadol, Endone, pain patches, Targin, Oxycontin etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q 8. How much physical activity do you usually do in a week?**

*Physical activity is any activity that causes you to breathe hard, feel warmer and make your heart beat faster.*

- None
- about 30 minutes
- about 1 hour
- about 2 hours
- more than 2 hours

**Q 9. What is the highest level of education you completed?**

- Year 7 - primary education
- Year 10 - lower secondary education
- Year 12 - upper secondary education
- TAFE / apprenticeship
- University qualifications