Patient Information Sheet.

Hello my name is Michelle Yazbek. I am a physiotherapist in private practice in Klerksdorp.

Thank you for agreeing to participate in this study. It will not take up too much of your time. It will take approximately 1hour of your time. This will be done either in the morning or in the afternoon. Permission has been given by your employer to enable you to participate in this study. It will be of great help in developing an accurate measurement tool of pain in the African population.

Your pain threshold will be measured on areas which are not painful We are then going to ask you some questions about your pain. Then we will test your pain on your back up until a point when you feel the pain. This will not cause you too much discomfort. You will then be asked to fill in 3 questionnaires after each of the above tests.

You must be honest with your score as you will not be rewarded for a high score or penalised for a low score. It is not compulsory to participate in this study. If you do not wish to participate in the study you do not have to do so. No reason need be given for not participating. Confidentiality will be maintained. A list of numbers will be used instead of names. Only I will have access to the list of names and numbers. A tape recorder will be used to tape the interviews and the tapes will be destroyed after their use for this study.

Should you have any questions, or are unsure about anything, please ask me.

Should you at any stage want to drop out of the research process, you may do so. You will not be penalized for doing so.

Thanking you.

Michelle Yazbek.

Cell: 082 888 9506
Work: 018-468 3430

ENGLISH VERSION.

Subjects Pressure Threshold Measurement.

Date:

Name: (number =)
Age:
Sex:
Education level:
Group:
Hospital

Teach how to use it

V.A.S.

No pain 0_____10 Worst pain

Then measure pain-free areas maximal pain. Record (arms and legs)

Subjects Pressure Threshold Measurement.

Date:

Name: (number =)
Age:
Sex:
Education level:
Group:
Hospital:

Pressure Threshold Test.

	Maximal pain	Sub-maximal pain
Right deltoid =		
Left deltoid =		
Right shin =		
Left shin =		
Back =		

Area on back where measurement was taken =

1. Where on your back is your pain?
2. What does your pain feel like?
3. Is your pain worse in the morning or at the end of the day?
4. What type of work makes your back sore?
5. What do you do to make your pain better?

Fill in V.A.S. after testing maximal pain on pain-free areas (arms).

V.A.S.

No pain 0_____10 Worst pain

Fill in V.A.S. after testing maximal pain V.R.S. pain-free areas (legs).

V.A.S.

No pain 0_____10 Worst pain

-Order cue cards V.R.S. 0 – 10 (first time).

-Measure normal areas P.T.M. sub-maximal pain (fill in on previous page).

Fill in after measuring sub-maximal pain on normal areas (arms).

V.A.S.

No pain 0_____10 Worst pain

Fill in after measuring sub-maximal pain on normal areas (legs).

V.A.S.

No pain 0_____10 Worst pain

-Order V.R.S. cue cards again 0 -10 (second time).

-Interview answer 5 questions (tape record).

-Measure pain, sub-maximal and maximal, on back with P.T.M. and record on correct sheet.

-Then fill in all (maximal and sub-maximal)
V.A.S. (1)
V.A.S. (2)
V.R.S.
Wong- Baker Faces Scale.

Back pain maximal

V.A.S.

No pain 0_____10 Worst pain

Back pain maximal

V.A.S.

|_____|_____|____|_____|____|____|_____|____|____|____|

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

Back pain maximal (Tick one only).

Verbal Rating Pain Scale

- ¤ = no pain.
- ¤ = barely perceptible pain.
- ¤ = mild pain.
- ¤ = moderate pain.
- ¤ = barely strong pain.
- ¤ = strong severe pain.
- ¤ = intense pain.
- ¤ = very intense pain.
- ¤ = horrible (most uncomfortable pain).
- ¤ = worst (excruciating pain).

Back pain maximal

Wong-Baker Faces Pain Scale (make an x through one face).

Back pain sub-maximal

V.A.S.

No pain 0_____10 Worst pain

Back pain sub-maximal.

V.A.S.

|_____|_____|____|_____|____|____|_____|____|____|____|

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

Back pain sub-maximal .

Verbal Rating Pain Scale (Tick one only).

- ☐ = no pain.
- ☐ = barely perceptible pain.
- ☐ = mild pain.
- ☐ = moderate pain.
- ☐ = barely strong pain.
- ☐ = strong severe pain.
- ☐ = intense pain.
- ☐ = very intense pain.
- ☐ = horrible (most uncomfortable pain).
- ☐ = worst (excruciating pain).

Back pain sub-maximal.

Wong- Baker Faces Pain Scale (make an x through one face).