Supplement 4 – Outcome measures (1): Pain and Disability NRS & Reassurance Questions

 In the past 7 days, how would you rate the <u>intensity of your pain</u> on average? (Circle a number)

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

2. In the past 7 days, how much has your pain <u>interfered with your daily activities</u> on average? (Circle a number)

0	1	2	3	4	5	6	7	8	9	10
No										Unable to
interfe	erence									carry on
										activities

3. Rate your belief in how likely it is that you will require an operation on your back? (circle a number)

0	1	2	3	4	5	6	7	8	9	10
Not at										Extremely
all like	ly									likely

4. How reassured are you that there is nothing seriously wrong with your back? (circle a number)

0	1	2	3	4	5	6	7	8	9	10
Extrem	ely									Not at all
reassu	red									reassured

5. Do you think more tests or scans are needed at this stage? (circle) Y / N