

Supplementary file 1.**MUSCULOSKELETAL HEALTH QUESTIONNAIRE (MSK-HQ) (WITH PERMISSION)**

This questionnaire is about your **joint, back, neck, bone and muscle symptoms** such as aches, pains and/or stiffness.

Please focus on the particular health problem(s) for which you sought treatment from this service.

For each question **tick (✓) or X one box** to indicate which statement best describes you **over the last 2 weeks**.

1. Pain/stiffness during the day How severe was your usual joint or muscle pain and/or stiffness overall during the day in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Fairly severe <input type="checkbox"/> 1	Very severe <input type="checkbox"/> 0
2. Pain/stiffness during the night How severe was your usual joint or muscle pain and/or stiffness overall during the night in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Fairly severe <input type="checkbox"/> 1	Very severe <input type="checkbox"/> 0
3. Walking How much have your symptoms interfered with your ability to walk in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Unable to walk <input type="checkbox"/> 0
4. Washing/Dressing How much have your symptoms interfered with your ability to wash or dress yourself in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Unable to wash or dress myself <input type="checkbox"/> 0
5. Physical activity levels How much has it been a problem for you to do physical activities (e.g. going for a walk or jogging) to the level you want because of your joint or muscle symptoms in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Very much <input type="checkbox"/> 1	Unable to do physical activities <input type="checkbox"/> 0
6. Work/daily routine How much have your joint or muscle symptoms interfered with your work or daily routine in the last 2 weeks (including work & jobs around the house)?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0
7. Social activities and hobbies How much have your joint or muscle symptoms interfered with your social activities and hobbies in the last 2 weeks?	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0

<p>8. Needing help How often have you needed help from others (including family, friends or carers) because of your joint or muscle symptoms in the last 2 weeks?</p>	Not at all <input type="checkbox"/> 4	Rarely <input type="checkbox"/> 3	Sometimes <input type="checkbox"/> 2	Frequently <input type="checkbox"/> 1	All the time <input type="checkbox"/> 0
<p>9. Sleep How often have you had trouble with either falling asleep or staying asleep because of your joint or muscle symptoms in the last 2 weeks?</p>	Not at all <input type="checkbox"/> 4	Rarely <input type="checkbox"/> 3	Sometimes <input type="checkbox"/> 2	Frequently <input type="checkbox"/> 1	Every night <input type="checkbox"/> 0
<p>10. Fatigue or low energy How much fatigue or low energy have you felt in the last 2 weeks?</p>	Not at all <input type="checkbox"/> 4	Slight <input type="checkbox"/> 3	Moderate <input type="checkbox"/> 2	Severe <input type="checkbox"/> 1	Extreme <input type="checkbox"/> 0
<p>11. Emotional well-being How much have you felt anxious or low in your mood because of your joint or muscle symptoms in the last 2 weeks?</p>	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Severely <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0
<p>12. Understanding of your condition and any current treatment Thinking about your joint or muscle symptoms, how well do you feel you understand your condition and any current treatment (including your diagnosis and medication)?</p>	Completely <input type="checkbox"/> 4	Very well <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Slightly <input type="checkbox"/> 1	Not at all <input type="checkbox"/> 0
<p>13. Confidence in being able to manage your symptoms How confident have you felt in being able to manage your joint or muscle symptoms by yourself in the last 2 weeks (e.g. medication, changing lifestyle)?</p>	Extremely <input type="checkbox"/> 4	Very <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Slightly <input type="checkbox"/> 1	Not at all <input type="checkbox"/> 0
<p>14. Overall impact How much have your joint or muscle symptoms bothered you overall in the last 2 weeks?</p>	Not at all <input type="checkbox"/> 4	Slightly <input type="checkbox"/> 3	Moderately <input type="checkbox"/> 2	Very much <input type="checkbox"/> 1	Extremely <input type="checkbox"/> 0

<p>Physical activity levels In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate? <i>This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that is part of your job.</i></p>							
None <input type="checkbox"/>	1 day <input type="checkbox"/>	2 days <input type="checkbox"/>	3 days <input type="checkbox"/>	4 days <input type="checkbox"/>	5 days <input type="checkbox"/>	6 days <input type="checkbox"/>	7 days <input type="checkbox"/>

PATIENT SPECIFIC FUNCTIONAL SCALE

Please identify up to two important activities that you are unable to do or are having difficulty with as a result of your current problem/diagnosis.

Please rate each of these problems on the 0-10 scale below.

0 = Able to perform activity at the same level as before injury or problem (No issues) 10 = Unable to perform activity (Cannot perform)

Patient-specific activity scoring scheme (Circle one number or provide a range):

1. Activity										
0	1	2	3	4	5	6	7	8	9	10
No issues								Cannot perform		

2. Activity										
0	1	2	3	4	5	6	7	8	9	10
No issues								Cannot perform		

THE PATIENT ENABLEMENT INSTRUMENT (PEI)

As a result of your visit to the physiotherapist today, so you feel you are.....

	Much better	Better	Same or less	Not applicable
able to cope with life				
able to understand your musculoskeletal complaint				
able to cope with your musculoskeletal complaint				
able to keep yourself healthy				
	Much more	More	Same or less	Not applicable
confident about your help				
able to help your self				

CONSULTATION AND RELATIONAL EMPATHY MEASURE (CARE Measure)

Please rate the following statement about today consultation. Please tick one box for each statement and answer every statement.

	Poor	Fair	Good	Very good	Excellent	Does not apply
1. Making you feel at ease..... (being friendly and warm toward you, treating you with respect; not cold or abrupt)						
2. Letting you tell your 'story' (giving you time to fully describe your complaint in your own words, not interrupting or diverting you)						
3. Really listening.... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)						
4. Being interested in you as a whole person..... (asking/knowing relevant details about your life, your situation; not treating you as just a number)						
5. Fully understanding your concerns.... (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)						
6. Showing care and compassion.... (seeming genuinely concerned, connecting with you on a human level; not being indifferent or detached)						
7. Being positive... (having a positive approach and a positive attitude; being honest but not negative about your problems)						
8. Explaining things clearly.... (fully answering your questions, explaining clearly, giving you adequate information; not being vague)						
9. Helping you take control... (exploring with you about what you can do to improve your health yourself, encouraging rather than lecturing you)						
10. Making a plan of action with you... (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)						
Any other comments						