**Questionnaire**

**CONSENT FORM**

This study is conducted on the topic “**PREVALENCE OF LOW BACK PAIN AMONG DOCTORS OF A TEACHING HOSPITAL IN KARACHI-PAKISTAN.**”. Participation is completely voluntary. You may decide to participate or if participate, you are free to withdraw from the study any time. Your confidentiality is assured. Results of the survey will only be reported in the aggregates; individuals will not be identified in any way in the reports. If you agree to be part of this study, a simple questionnaire will be filled which will not take more than 5 minutes which will assess your back pain issue.

Thanking you for your co-operation.

Sign of study volunteer/participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERFORMA FOR THE COLLECTION OF PATIENT’S INFORMATION**

1. **PERSONAL INFROMATION:**

**Sr.no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age in years:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specialty:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Years of experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** 1. Male  2. Female

1. **CLINICAL INFORMATION:**

**Known co-morbids (labeled in data collection procedure):**

|  |  |  |
| --- | --- | --- |
| 1. HTN: if, yes | Controlled | Uncontrolled |
| 2. Diabetes | Controlled | Uncontrolled |
| 3. Cancer | Treated | Untreated |
| 4. Hep B | Treated | Untreated |
| 5. Hep C | Treated | Untreated |
| 6. HIV | Treated | Untreated |
| 7. Tuberculosis | Treated | Untreated |
| 8. chronic kidney disease | Treated | Untreated |
| 9. Other/NIL (specify)\_\_\_\_\_\_\_ | Treated | Untreated |

**Medications:**

|  |  |
| --- | --- |
| 1.Steriods (if yes  Type/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 4. Oral Hypoglycemics (if yes  Type/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 2.Antihypertensives (if yes  Type/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 5.Insulin (if yes  Type/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 3.Phenytoin (if yes ) | 6.Other/NIL (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Total working hours (daily): \_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic Hours: \_\_\_\_\_\_\_\_\_\_\_\_ Operative hours: \_\_\_\_\_\_\_\_\_\_\_\_ Lecture Hours: \_\_\_\_\_\_\_\_\_\_\_\_**

**Period of standing during working hours: \_\_\_\_\_\_\_\_\_\_\_\_**

**Period of sitting during working hours: \_\_\_\_\_\_\_\_\_\_\_\_**

**Do you experience back ache 1~** Yes  2~ No

**If yes:**

**From how long**

1. Less than 3 months  3. 1-5 years

2. from 1 Year  4. Over 5 years

**How often**

1. Not very often (once a month)  3. Daily

2. Often (multiple times a month)

**Intensity**

1. Mild  3. Severe

2. Moderate  4. Very Severe

**Do you take medications or have sorted treatment for it? 1~** Yes  2~ No

**Do you experience any other symptoms?**

1. Pain radiating to lower limb

2. Numbness of lower limbs

3. Stiffness

4. Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_