

Tell us about yourself

19. **Female** **Male**

20. Age: _____ years old

21. Education level:

- 8th grade or less
- Some high school
- Graduated high school or GED
- Some college or technical school
- Graduated from college
- Postgraduate school or degree

Video Feedback

22. How would you rate the length of the video?

- Should be much shorter
- Should be a little shorter
- About right
- Could be a little longer
- Could be much longer

23. How balanced was the video's information about **patient management** versus **doctor managed care** for acute low back pain?

- Clearly slanted towards patient management
- A little slanted towards patient management
- Completely balanced
- A little slanted towards doctor managed care
- Clearly slanted towards doctor managed care

24. Overall, how would you rate the video?

- Poor
- Fair
- Good
- Very good
- Excellent

25. Please write comments about the video or booklet here:




ACUTE LOW BACK PAIN:

Personal Decision Form

There are several different ways to treat acute low back pain. Each has possible benefits and risks. This form and video, together with your healthcare team, will help you make the decision that is best for you.

Please return this form with the video.

Your answers will tell us three important things:

	Knowledge How well we are doing our job of giving you information?
	Values What matters most to you?
	Making Choices How far along you are in decision making and what else you may need?

BEFORE WATCHING THE VIDEO, PLEASE ANSWER QUESTION 1 – 2

1. Have you talked with a healthcare provider about this decision?
 - Yes
 - No
2. At this time, which treatment option are you leaning toward?
 - Rest and wait
 - Stay active and take over-the-counter pain medication
 - Physical treatment such as massage
 - See doctor and find out why back hurts
 - I am not sure

NOW, PLEASE WATCH THE VIDEO

Knowledge



AFTER WATCHING THE VIDEO,
please check one answer for each question.

3. How useful is knowing the cause of your acute low back pain in order to manage it?
 - Very useful
 - Somewhat useful
 - Not useful
 - I am not sure

4. Will you damage your back if you continue your normal activities?
 - Definitely
 - Probably
 - Probably not
 - Definitely not
 - I am not sure

5. What does the video say is the best thing you can do for your pain?
 - Take medication
 - Stay active
 - Have physical therapy, spinal manipulation, or massage
 - Rest
 - I am not sure

6. How good are X-rays, MRIs, and other imaging tests at showing the cause of most acute low back pain?
 - Very good
 - Good
 - Fair
 - I am not sure

7. Acute low back pain:
 - May get better with simple treatments
 - May get better with no treatment
 - Usually gets better within a few weeks
 - I am not sure

Values



On a scale from 1 to 10, where
1 is not at all important and 10 is very important:

- | | Not at all
important | | | | | | | | | | | Very
important |
|--|-------------------------|---|---|---|---|---|---|---|---|----|--|-------------------|
| 8. to have less pain? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 9. to avoid taking medication? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 10. to return to your usual activities? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 11. to avoid exercise? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| 12. Are there other values that are important for you for this decision? | <hr/> <hr/> <hr/> | | | | | | | | | | | |



Making Choices

13. At this time, which treatment option are you leaning toward?
 - Rest and wait
 - Stay active and take over-the-counter pain medication
 - Physical treatment such as massage
 - See doctor and find out why back hurts
 - I am not sure

	Yes	No
14. Do you feel sure about the best choice for you?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you know the benefits and risks of each option?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you clear which benefits and risks matter most to you?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have enough support and advice to make a choice?	<input type="checkbox"/>	<input type="checkbox"/>

18. What do you plan to do next?
 - Get the treatment I chose
 - Get more information
 - Talk now with a member of my healthcare team
 - At my next visit, talk with my healthcare provider
 - Other _____