

Tell us about yourself

17. **Female** **Male**

18. Age: _____ years old

19. Education level:

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

Video Feedback

20. 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

21. How balanced was the video's information about patient management versus doctor managed care for chronic 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

22. Overall, how would you rate the video?

- Poor
- Fair
- Good
- Very good
- Excellent

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

CHRONIC LOW BACK PAIN:

Personal Decision Form

There are several different ways to treat chronic 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



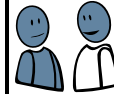
How well we are doing our job of giving you information?

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, set goals, learn to deal with flare-ups
 - Surgery
 - I am not sure

NOW, PLEASE WATCH THE VIDEO

Knowledge



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

3. What are the most important steps for keeping low back pain from interfering with your life?
- Stay physically active
 - Set specific goals for what you want to do
 - Learn to deal quickly with flare-ups
 - All of the above are equally important
 - I am not sure
4. Which of the following is most likely to help people with low back pain get back to a maximum level of functioning?
- Surgery
 - Medications
 - Physical therapy
 - Regular exercise and physical activity
 - All are equal
 - I am not sure
5. How often can imaging tests, like x-rays or MRIs, show what is causing low back pain?
- Almost never
 - Less than half the time
 - About half the time
 - More than half the time
 - Almost always
 - I am not sure
6. Which of the following has been shown to provide short-term relief for some people with low back pain?
- Medications
 - Injections
 - Physical therapy
 - Massage
 - All of the above
 - I am not sure

Values



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

- How important is it to you . . .
- | | Not at all important | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Very important |
|--|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| 7. to relieve your symptoms quickly? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. to avoid surgery? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. to return to your usual activities? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
10. Are there any other values that are important for you for this decision? Please list them here:
- _____
- _____



Making Choices

11. At this time, which treatment option are you leaning toward?

- Rest and wait
- Stay active, set goals, learn to deal with flare-ups
- Surgery
- I am not sure

12. Do you feel sure about the best choice for you?

Yes No

13. Do you know the benefits and risks of each option?

14. Are you clear which benefits and risks matter most to you?

15. Do you have enough support and advice to make a choice?

16. 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 _____