

## Comfort, pain and stiffness - a survey on patient perspectives

### Information Letter

**Study Title:** Comfort, pain and stiffness - a survey on patient perspectives

**Research Team:**

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**Purpose of the Study:** To explore patients' perceptions of discomfort, pain and stiffness.

**Procedures Involved in this Study and Time Commitment:** You will be asked to respond a 12-question survey about discomfort, pain and stiffness. This survey should take about 5 minutes to complete.

**Potential Risks and Associated Safeguards:** No risks or discomforts related to this study are expected. You are free to answer or not answer any questions.

**Changing Your Mind about Participation:** You may withdraw from the study at any time without any consequences. To do so, simply submit the survey with the responses you agree to provide or do not submit the survey.

**Potential Benefits of Participation:** Information from this survey will help researchers better understand how patients perceive these symptoms. You may withdraw from participation in the study at any time without any consequences.

**Confidentiality:** The survey is completely anonymous and no data that would allow your identification (e.g., name) will be collected. Only the investigators involved in this study will have access to this anonymized data. All data will be stored on computer hard drives (password protected) and/or digital storage media (locked in the investigator's filing cabinet).

**Concerns about Participation:** We would like to assure you that this study has been reviewed by, and received ethics clearance through, CMCC's Research Ethics Board (REB). However, the final decision about participation is yours. In the event you have any comments or concerns resulting from your participation in this study, please contact Mr. Mark Fillery at (416) 482-2340 ext. 267.

**Questions about the Study:** If you have any questions or want more information about this study, please feel free to ask the investigators. If you have additional questions later on, please contact Dr. Martha Funabashi at (416) 482-2340 ext. 714 or by e-mail at mfunabashi@cmcc.ca.

Thank you very much,

*Drs. Martha Funabashi, Simon Wang, Felipe Duarte, Alex Lee and Sheilah Hogg-Johnson*

1. Do you consent to take part in our survey?

- Yes
- No

### Comfort, pain and stiffness - a survey on patient perspectives

#### Discomfort

\* 2. Are you currently experiencing any discomfort?

- Yes
- No
- Prefer not to answer

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#### Discomfort

3. Please check the areas in which you are currently feeling any discomfort:

- |   |   |
|---|---|
| <input type="checkbox"/> Head                   | <input type="checkbox"/> Low back             |
| <input type="checkbox"/> Neck                   | <input type="checkbox"/> Abdomen              |
| <input type="checkbox"/> Shoulder               | <input type="checkbox"/> Hip / pelvis         |
| <input type="checkbox"/> Arm / elbow            | <input type="checkbox"/> Leg / knee           |
| <input type="checkbox"/> Wrist / hand / fingers | <input type="checkbox"/> Ankle / foot / toes  |
| <input type="checkbox"/> Mid-back               | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Chest                  |   |

4. Please indicate how much discomfort you are experiencing (if more than one site, rate for the site with most discomfort):

0 - Most comfortable 100 - Most uncomfortable

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### Pain

\* 5. Are you currently experiencing any pain?

- Yes  
 No  
 Prefer not to answer

## Comfort, pain and stiffness - a survey on patient perspectives

### Pain

6. Please check the areas in which you are currently feeling pain:

- |   |   |
|---|---|
| <input type="checkbox"/> Head                   | <input type="checkbox"/> Low back             |
| <input type="checkbox"/> Neck                   | <input type="checkbox"/> Abdomen              |
| <input type="checkbox"/> Shoulder               | <input type="checkbox"/> Hip / pelvis         |
| <input type="checkbox"/> Arm / elbow            | <input type="checkbox"/> Leg / knee           |
| <input type="checkbox"/> Wrist / hand / fingers | <input type="checkbox"/> Ankle / foot / toes  |
| <input type="checkbox"/> Mid-back               | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Chest                  |   |

7. Please indicate how much pain (if more than one site, rate for the site with most pain)

0 - No pain 100 - Worst pain

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### Stiffness

\* 8. Are you currently experiencing any stiffness?

- Yes  
 No  
 Prefer not to answer

## Comfort, pain and stiffness - a survey on patient perspectives

### Stiffness

9. Please check the areas in which you are currently feeling any stiffness:

- |   |   |
|---|---|
| <input type="checkbox"/> Head                   | <input type="checkbox"/> Low back             |
| <input type="checkbox"/> Neck                   | <input type="checkbox"/> Abdomen              |
| <input type="checkbox"/> Shoulder               | <input type="checkbox"/> Hip / pelvis         |
| <input type="checkbox"/> Arm / elbow            | <input type="checkbox"/> Leg / knee           |
| <input type="checkbox"/> Wrist / hand / fingers | <input type="checkbox"/> Ankle / foot / toes  |
| <input type="checkbox"/> Mid-back               | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Chest                  |   |

10. Please indicate how much stiffness (if more than one site, rate for the site with most stiffness):

0 - No stiffness 100 - Worst stiffness

## Comfort, pain and stiffness - a survey on patient perspectives

11. Help us better understand the terms “discomfort”, “pain” and “stiffness”.

Using your own words and the space below, please describe what “discomfort”, “pain” and “stiffness” mean to you:

Discomfort:

Pain:

Stiffness:

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### Demographic Information

12. What is your sex?

- Female
- Male
- Other
- Prefer not to answer

13. How old are you? (in years)

14. You are receiving chiropractic treatment for:

- |   |   |
|---|---|
| <input type="checkbox"/> Head                   | <input type="checkbox"/> Low back             |
| <input type="checkbox"/> Neck                   | <input type="checkbox"/> Abdomen              |
| <input type="checkbox"/> Shoulder               | <input type="checkbox"/> Hip / pelvis         |
| <input type="checkbox"/> Arm / elbow            | <input type="checkbox"/> Leg / knee           |
| <input type="checkbox"/> Wrist / hand / fingers | <input type="checkbox"/> Ankle / foot / toes  |
| <input type="checkbox"/> Mid-back               | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Chest                  |   |

15. Overall, how long have you been feeling discomfort / pain / stiffness?

- < 3 months
- > 3 months

16. How long have you been receiving treatment at CMCC Clinic?

- < 3 months
- > 3 months

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Thank you for taking part in our survey, "Comfort, pain and stiffness - a survey on patient perspectives". For any inquiries about the survey, you can contact Dr. Martha Funabashi at [mfunabashi@cmcc.ca](mailto:mfunabashi@cmcc.ca). For questions about your rights as a participant in this study, please contact Mr. Mark Fillery at [mfillery@cmcc.ca](mailto:mfillery@cmcc.ca), or by phone at 416-482-2340 x267.