



# Checklist for Reporting Results of Internet E-Surveys (CHERRIES)

Item Category	Checklist Item	Explanation	
<b>Design</b>	Describe survey design	Describe target population, sample frame. Is the sample a convenience sample? (In “open” surveys this is most likely.)	Y
<b>IRB (Institutional Review Board) approval and informed consent process</b>	IRB approval	Mention whether the study has been approved by an IRB.	Y
	Informed consent	Describe the informed consent process. Where were the participants told the length of time of the survey, which data were stored and where and for how long, who the investigator was, and the purpose of the study?	Y
	Data protection	If any personal information was collected or stored, describe what mechanisms were used to protect unauthorized access.	Y
<b>Development and pre-testing</b>	Development and testing	State how the survey was developed, including whether the usability and technical functionality of the electronic questionnaire had been tested before fielding the questionnaire.	Y
<b>Recruitment process and description of the sample having access to the questionnaire</b>	Open survey versus closed survey	An “open survey” is a survey open for each visitor of a site, while a closed survey is only open to a sample which the investigator knows (password-protected survey).	Open
	Contact mode	Indicate whether or not the initial contact with the potential participants was made on the Internet. (Investigators may also send out questionnaires by mail and allow for Web-based data entry.)	Advertised on internet



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	Advertising the survey	How/where was the survey announced or advertised? Some examples are offline media (newspapers), or online (mailing lists – If yes, which ones?) or banner ads (Where were these banner ads posted and what did they look like?). It is important to know the wording of the announcement as it will heavily influence who chooses to participate. Ideally the survey announcement should be published as an appendix.	Multiple online sites including professional organisations
<b>Survey administration</b>	Web/E-mail	State the type of e-survey (eg, one posted on a Web site, or one sent out through e-mail). If it is an e-mail survey, were the responses entered manually into a database, or was there an automatic method for capturing responses?	e-survey using Qualtrics software. Responses entered into database
	Context	Describe the Web site (for mailing list/newsgroup) in which the survey was posted. What is the Web site about, who is visiting it, what are visitors normally looking for? Discuss to what degree the content of the Web site could pre-select the sample or influence the results. For example, a survey about vaccination on a anti-immunization Web site will have different results from a Web survey conducted on a government Web site	Websites of numerous professional organisations were used (e.g. painAustralia, Australian Physiotherapy Association).
	Mandatory/voluntary	Was it a mandatory survey to be filled in by every visitor who wanted to enter the Web site, or was it a voluntary survey?	Voluntary
	Incentives	Were any incentives offered (eg, monetary, prizes, or non-monetary incentives such as an offer to provide the survey results)?	None
	Time/Date	In what timeframe were the data collected?	June 2017 to August 2017
	Randomization of items or questionnaires	To prevent biases items can be randomized or alternated.	Not appropriate for study
	Adaptive questioning	Use adaptive questioning (certain items, or only conditionally displayed based on	Does not apply to study



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		responses to other items) to reduce number and complexity of the questions.	
	Number of Items	What was the number of questionnaire items per page? The number of items is an important factor for the completion rate.	Up to 4 questions
	Number of screens (pages)	Over how many pages was the questionnaire distributed? The number of items is an important factor for the completion rate.	16
	Completeness check	It is technically possible to do consistency or completeness checks before the questionnaire is submitted. Was this done, and if "yes", how (usually JavaScript)? An alternative is to check for completeness after the questionnaire has been submitted (and highlight mandatory items). If this has been done, it should be reported. All items should provide a non-response option such as "not applicable" or "rather not say", and selection of one response option should be enforced.	Checked for completeness after submission.
	Review step	State whether respondents were able to review and change their answers (eg, through a Back button or a Review step which displays a summary of the responses and asks the respondents if they are correct).	Review step enabled.
<b>Response rates</b>	Unique site visitor	If you provide view rates or participation rates, you need to define how you determined a unique visitor. There are different techniques available, based on IP addresses or cookies or both.	Qualtrics assigns unique response ID based on IP address.
	View rate (Ratio unique site visitors/unique survey visitors)	Requires counting unique site visitors (not page views!) divided by the number of unique visitors of the first page of the survey. It is not unusual to have view rates of less than 0.1 % if the survey is voluntary.	Data not recorded
	Participation rate (Ratio unique survey page visitors/agreed to	Count the unique number of visitors who visit the first page of the survey (or the informed consents page, if present) divided by the number of people who filled in the first survey	Data not recorded



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Item Category	Checklist Item	Explanation	
	participate)	page (or agreed to participate). This can also be called “recruitment” rate.	
	Completion rate (Ratio agreed to participate/finished survey)	The number of people agreeing to participate (or submitting the first survey page) divided by the number of people submitting the last questionnaire page. This is only relevant if there is a separate “informed consent” page or if the survey goes over several pages. This is a measure for attrition. Note that “completion” can involve leaving questionnaire items blank. This is not a measure for how completely questionnaires were filled in. (If you need a measure for this, use the word “completeness rate”.)	50% of total number of participants who accessed survey.
<b>Preventing multiple entries from the same individual</b>	Cookies used	Indicate whether cookies were used to assign a unique user identifier to each client computer. If so, mention the page on which the cookie was set and read, and how long the cookie was valid. Were duplicate entries avoided by preventing users access to the survey twice; or were duplicate database entries having the same user ID eliminated before analysis? In the latter case, which entries were kept for analysis (eg, the first entry or the most recent)?	Cookies not assigned
	IP check	Indicate whether the IP address of the client computer was used to identify potential duplicate entries from the same user. If so, mention the period of time for which no two entries from the same IP address were allowed (eg, 24 hours). Were duplicate entries avoided by preventing users with the same IP address access to the survey twice; or were duplicate database entries having the same IP address within a given period of time eliminated before analysis? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	IP Check used so no two entries from the same IP address were allowed within 24 hours.
	Log file analysis	Indicate whether other techniques to analyze the log file for identification of multiple entries were used. If so, please describe.	Not used



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Item Category	Checklist Item	Explanation	
	Registration	In “closed” (non-open) surveys, users need to login first and it is easier to prevent duplicate entries from the same user. Describe how this was done. For example, was the survey never displayed a second time once the user had filled it in, or was the username stored together with the survey results and later eliminated? If the latter, which entries were kept for analysis (eg, the first entry or the most recent)?	N/A
<b>Analysis</b>	Handling of incomplete questionnaires	Were only completed questionnaires analyzed? Were questionnaires which terminated early (where, for example, users did not go through all questionnaire pages) also analyzed?	Only completed questionnaires were analysed
	Questionnaires submitted with an atypical timestamp	Some investigators may measure the time people needed to fill in a questionnaire and exclude questionnaires that were submitted too soon. Specify the timeframe that was used as a cut-off point, and describe how this point was determined.	No time frame specified.
	Statistical correction	Indicate whether any methods such as weighting of items or propensity scores have been used to adjust for the non-representative sample; if so, please describe the methods.	No statistical correction performed.

## Bron:

Eysenbach, G. (2004). Improving the quality of web surveys: the checklist for reporting results of internet e-surveys (cherries). *Journal of medical Internet research*, 6(3)e34 doi:10.2196/jmir.6.3.e34 <http://www.jmir.org/2004/3/e34/>

## Beginning of survey

### Title of survey: Patients' perspectives of primary care treatment for low back pain

Low back pain is a common condition. About 80 percent of Australians experience low back pain at some point in their lifetime. We know it can impact not only on your ability to work or continue day to day activities but also how you feel and your enjoyment of life.

Research findings indicate that while some people don't seek treatment for their back pain, those that do don't always experience an improvement in how their back pain impacts on their life. This is why we think it is really important that people who experience low back pain receive optimal treatment from their health care providers which is individualised to their specific needs.

The aim of this survey is to investigate what people with low back pain want in their treatment from a health practitioner and for self-management. Specifically, we would like to know what has or has not been helpful from your own experiences.

The information you provide will be useful for designing a new treatment program for low back pain that is better tailored to what patients are seeking from health care.

### How did you hear about this survey?

Website

Facebook

Poster or Flyer

Email

Other

### Have you experienced low back pain in the last 12 months?

Yes

No

### Did you seek health care for your low back pain?

Yes

No

## Consent

## **Participant Information & Consent Form**

**You are invited to participate in a survey about your previous treatment experiences for low back pain.**

**The aim of this study is to investigate the experience and expectations of people with low back pain when they seek care from a primary care provider and their awareness of self management strategies for managing their low back pain.**

**The study is being conducted by the following team from Macquarie University:**

- \* Associate Professor Julia Hush ( Physiotherapist)**
- \* Ms Malene Ahern (Physiotherapist), Doctoral Candidate and study Co-ordinator**
- \* Professor Catherine Dean (Physiotherapist)**
- \* Dr Blake Dear (Psychologist)**

**If you decide to participate, you will be asked to complete a survey online that takes approximately 15 minutes to complete. You are free to withdraw at any time without having to give a reason and without consequence. Individual responses will not be identifiable in any publication of the results. Only those listed above will have access to the data which will be securely stored at Macquarie University.**

**The data collected will be used to inform future research developing a new treatment program for low back pain for people who present to primary health care with early onset of low back pain. Results will be published in a peer-reviewed journal article, presented at conferences and included within Malene Ahern's PhD thesis.**

**There is no direct benefit to you, from completing the survey. However, the results from this survey will inform further stages of development of a new treatment program for low back pain, that will become freely available to all clinicians and researchers.**

**The ethical aspects of this study have been approved by the Macquarie University Human Research Ethics Committee (5201700578). If you have any complaints or reservations about any ethical aspect of your participation in this research, you may contact the Committee through the Director, Research Ethics & Integrity (telephone (02) 9850 7854; email [ethics@mq.edu.au](mailto:ethics@mq.edu.au)). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.**

**I understand the information above and I agree to participate in this research.**

Yes

No

## Age

**We would like to begin by asking a few questions about you.**

**What is your age in years? (e.g. 25 )**

## Main survey

**What is your gender?**

Male

Female

Other

**What is the highest level of education you have obtained?**

High School Certificate (or equivalent) and below

TAFE and/or Diploma

Tertiary

Postgraduate

 Other

**Which of the below do you currently use for accessing health care services?**

Health Care Card

Veteran's Affairs card

Pensioner Concession card

Private health insurance

 Other

**We would now like to ask you a few questions about your previous episodes of low back pain during the last 12 months.**

**In this survey we have defined an "episode" as a period where you have experienced low back pain for at least 1 day (i.e pain that lasts at least 24 hours from onset)**



When was your last episode of low back pain?  
(please specify month and year e.g January 2017)

How long did your back pain episode last in weeks? (select one from drop down list)

How many low back pain episodes have you experienced over the past 12 months?  
(select one from drop down list)

On average how long does your low back episode last?

What number best describes your average pain during your last low back pain episode?  
(please rate on a scale 0 -10 where 0= no pain at all to 10= the worst pain imaginable)

0

1

2

3

4

5

6

7

8

9

10

Rating of average  
low back pain  
severity

How much (on average) has your low back pain interfered with:

	No interference	Slight interference	Moderate interference	Complete interference
General activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Normal work (includes both work outside the home and housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enjoyment of life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relations with other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Which of these health care providers have you consulted in the past 12 months for your low back pain?

(select all that apply)

GP

Physiotherapist

Chiropractor

Osteopath

Massage therapist

Psychologist

Pharmacist

Acupuncturist

Specialist (eg Neurologist, Orthopaedic surgeon, Neurosurgeon)

Other (please specify)

## Please estimate the number of visits per episode of low back pain for the following providers?

	1 visit only	2-4 visits	5-10 visits	More than 10 visits
» GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Osteopath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Massage therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Acupuncturist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Specialist (eg Neurologist, Orthopaedic surgeon, Neurosurgeon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## What was your main reason(s) for seeking health care for your low back pain?

(select all that apply)

	Reduced general activity	Reduced normal work duties	Reduced walking	Reduced participation in social activities	Difficulties with mood	Level of pain	Reduced enjoyment of life	Impact on relationships
» GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Reduced general activity	Reduced normal work duties	Reduced walking	Reduced participation in social activities	Difficulties with mood	Level of pain	Reduced enjoyment of life	Impact on relationships
» Chiropractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Osteopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Massage therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Acupuncturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Specialist (eg Neurologist, Orthopaedic surgeon, Neurosurgeon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**There are lots of treatment options available to people seeking health care for low back pain.**

**We are particularly interested in what treatment(s) you have received from your health care provider(s) for your low back pain over the past 12 months.**

**What treatments did you receive for your low back pain episodes over the last 12 months (select all that apply)?**

Education (e.g likelihood of recovery, things you can do to recover)

Massage

Exercises

Heat/ Cold therapies (e.g. heat pack, ice)

Assistive equipment (e.g. back brace, lumbar roll, walking aids)

Electrotherapies (e.g. Ultrasound, Laser, TENS, Interferential etc)

Walking/ General activity

Specialist referral/ investigations

Injections/ surgery

Acupuncture

Yoga / Meditation/ Relaxation exercises

Pilates

Medications (please specify e.g. Panadol)

Other

## How helpful were these treatments you received for your low back pain?

	Not helpful at all	Slightly helpful	Moderately Helpful	Extremely helpful
» Education (e.g. likelihood of recovery, things you can do to recover)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Massage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Heat/ Cold therapies (e.g. heat pack, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Assistive equipment (e.g. back brace, lumbar roll, walking aids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Electrotherapies (e.g. Ultrasound, Laser, TENS, Interferential etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Walking/ General activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Specialist referral/ investigations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Injections/ surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Acupuncture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Yoga / Meditation/ Relaxation exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Pilates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Medications (please specify e.g. Panadol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Education is an important component of treatment for low back pain. It can include information on likelihood of recovery, how to manage daily activities, when to seek further care etc).**

**We are particularly interested in what information you were given by your health care provider(s) for treatment of your low back pain episodes over the last 12 months.**

**What information was given to you by your health care providers for managing your low back pain? (please select all statements that apply)**

Back pain is common

Even if pain persists, it should ease as you get back to doing your normal activities

Pain doesn't always mean there's damage that needs treatment

Serious or permanent damage is rare

It is important to start moving normally again and doing ordinary activities as soon as possible

Exercise/ Staying active has been shown to be an effective treatment for low back pain

Paracetamol is ineffective for acute low back pain

Imaging is likely to be unhelpful in determining the cause of non specific low back pain

Referral to specialist is usually not required unless serious pathology is suspected

There is good evidence for multi disciplinary treatment

Bed rest after the initial 24-48 hours can make your pain worse

Little or no medical treatment is required for most people

### Overall, how helpful was this advice?

Not helpful at all

Slightly helpful

Moderately helpful

Extremely helpful

### How would you rate the following aspects of treatment for management of your low back pain?

	Not important at all	Slightly important	Moderately important	Extremely important
Education on your low back pain/ condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of recurrence/ flare ups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies on things you can do to recover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advice on when to access further treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Now we would like to ask you about what self-management strategies you were given by your health care provider.**

**A self-management strategy in this study is defined as a way in which you can manage your symptoms or condition in your own time e.g. at home or outside the home to manage your low back pain symptoms.**

**Were you taught any self-management strategies by a health care provider?**

Yes

No

**Which of these self management strategies were you given by your health care provider in the management of your low back pain over the past 12 months? (select all that apply)**

Range of motion exercises (to increase flexibility)

Strengthening exercises (to improve muscle strength)

Abdominal / Core stability training

Walking/ general activity

Swimming

Medications

Yoga / Meditation / Breathing exercises

Pilates

Posture care

Other (please specify)

**Were you able to implement these strategies recommended by your health care provider?**

Yes

No

**Overall, how helpful were these self management strategies in managing your low back pain?**

Not helpful at all

Slightly helpful

Moderately helpful

Extremely helpful

**What were the reasons for not being able to implement the program? (select all that apply)**

Pain resolved

Unsure regarding how to implement

Lack of time

Lack of resources/equipment

Carer/ parenting/ work commitments

Did not help

Other (please specify)

**Some people have told us that its very helpful to have an educational resource to take home from the treatment which provides further information and advice on management of low back pain.**

**What resources did your health care provider(s) give to you for your low back pain ?  
(select all that apply)**

Exercise sheet

Back education booklet (e.g. "The Back Book")

Online resource (eg web based treatment program)

DVD

Smart Phone App

Pamphlet/Brochure

Other

Not provided

**Overall, how helpful were these resources given to you by your health care provider?**

Not helpful at all

Slightly helpful

Moderately helpful

Extremely helpful

**Do you have back pain today?**

Yes

No

**Overall how satisfied are you with the treatment you have received from health care providers for your low back pain over the last 12 months?**

Extremely  
satisfied

Moderately  
satisfied

Slightly  
satisfied

Neither  
satisfied nor  
dissatisfied

Slightly  
dissatisfied

Moderately  
dissatisfied

Extremely  
dissatisfied

**Are there any aspects of treatment you think would have been helpful for your back pain?**

Yes

No

**If yes, can you describe these below**

**Appendix 3.** Number of consultations to primary care providers for an episode of LBP (n, percentage of patients endorsing each consultation category).

<b>Primary care provider</b>	<b>1 consultation</b>	<b>2-4 consultations</b>	<b>5-10 consultations</b>	<b>&gt; 10 consultations</b>
General Practitioner	88 (31%)	108 (39%)	36 (13%)	47 (17%)
Physiotherapist	29 (11%)	105 (40%)	69 (27%)	56 (22%)
Chiropractor	29 (24%)	53 (45%)	25 (21%)	12 (10%)
Osteopath	9 (23%)	21 (54%)	6 (15%)	3 (8%)
Massage therapist	41 (24%)	77 (46%)	26 (16%)	24 (14%)
Psychologist	12 (19%)	10 (16%)	22 (35%)	19 (30%)
Pharmacist	25 (23%)	38 (35%)	18 (16%)	29 (26%)
Acupuncturist	13 (27%)	19 (40%)	11 (23%)	5 (10%)
Specialist	37 (36%)	47 (46%)	14 (13%)	5 (5%)
Other	15 (27%)	22 (39%)	6 (11%)	13 (23%)



**Appendix 4.** Reasons for seeking primary care for LBP for each provider (n, percentage of participants endorsing each pain interference category from the Brief Pain Inventory)

Primary care provider	Reduced general activity	Reduced normal work	Reduced walking	Reduced social activities	Difficulties with mood	Level of Pain	Reduced enjoyment of life	Impact on relations
General practitioner	166 (16%)	120 (12%)	121 (12%)	88 (9%)	96 (9%)	245 (24%)	117 (12%)	60 (6%)
Physiotherapist	161 (21%)	109 (14%)	116 (15%)	52 (7%)	29 (4%)	208 (27%)	81 (10%)	18 (2%)
Chiropractor	66 (20%)	42 (12%)	45 (13%)	23 (7%)	21 (6%)	99 (29%)	35 (10%)	10 (3%)
Osteopath	24 (18%)	19 (15%)	15 (11%)	10 (8%)	9 (7%)	33 (25%)	13 (10%)	8 (6%)
Massage therapist	75 (16%)	56 (12%)	55 (12%)	28 (6%)	38 (8%)	141 (30%)	53 (12%)	17 (4%)
Psychologist	28 (9%)	26 (8%)	19 (6%)	40 (13%)	55 (17%)	43 (14%)	58 (18%)	49 (15%)
Pharmacist	28 (11%)	20 (8%)	23 (9%)	18 (7%)	25 (10%)	106 (41%)	22 (8%)	15 (6%)
Acupuncturist	28 (19%)	15 (10%)	19 (13%)	14 (9%)	10 (7%)	39 (26%)	16 (11%)	7 (5%)
Specialist	73 (16%)	58 (13%)	66 (14%)	44 (9%)	37 (8%)	91 (20%)	60 (13%)	33 (7%)
<b>Other</b>	38 (17%)	25 (11%)	29 (13%)	23 (10%)	18 (8%)	51 (22%)	28 (12%)	15 (7%)