



THE BRIGHTON MUSCULOSKELETAL PATIENT REPORTED OUTCOME MEASURE (BmPROM)

Welcome to the Brighton musculoskeletal patient reported outcome measure (BmPROM). This is a freely available outcome measure for use with patients attending physiotherapy treatment for a musculoskeletal condition.

The BmPROM is an 8 item questionnaire designed to be completed by the patient prior to commencing their treatment, and then repeated on completion of treatment. Scoring instructions are provided for clinic use.

If required, additional information can be obtained regarding patient expectations of treatment and patient satisfaction following treatment. Please note this information is not included in the BmPROM score.

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For any queries regarding the BmPROM please contact Liz Bryant or Shemane Murtagh via email: physiosurvey@brighton.ac.uk

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In order to assess the effectiveness of your physiotherapy treatment, we would be grateful if you would take five minutes to complete this outcome measure questionnaire. Please circle the appropriate number for your response. Each of your responses should be answered in relation to the problem that brought you to physiotherapy.

1. In general, please tell us how you would rate your overall quality of life at this present time:

0	1	2	3	4	5	6	7	8	9	10
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No quality at all

Best quality of life

2. Please tell us the average amount of pain that you have felt over the last week:

0	1	2	3	4	5	6	7	8	9	10
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No pain

Severe pain

3. Please tell us how able you feel to take part in your normal leisure and social activities, for example, eating out, social outings, sporting activities etc:

0	1	2	3	4	5	6	7	8	9	10
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Not at all

Fully able

4. Please tell us how able you feel to carry out your normal everyday activities, for example, housework, gardening, dressing, decorating, driving, shopping etc:

0	1	2	3	4	5	6	7	8	9	10
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Not at all

Fully able

5. Please tell us how much you depend on pain relieving medication to help you cope with your current problem:

0	1	2	3	4	5	6	7	8	9	10
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Not at all Fully reliant on medication

6. Please tell us how much your sleep is disturbed by your current problem:

0	1	2	3	4	5	6	7	8	9	10
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Not at all Greatly disturbed

7. Please tell us how anxious you currently feel about the problem that brought you to physiotherapy:

0	1	2	3	4	5	6	7	8	9	10
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Not at all Extremely anxious

8. Please tell us how downhearted and low you have felt in the last week about the problem that brought you to physiotherapy:

0	1	2	3	4	5	6	7	8	9	10
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Not at all Extremely downhearted

Thank you very much for taking the time to complete this questionnaire.

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SCORING INSTRUCTIONS

The BmPROM measures musculoskeletal health related quality of life using eight questions. The eight questions represent two health subscales: **Functionality** and **Wellbeing**. The scoring for each subscale is shown below.

FUNCTIONALITY (2 steps): Please enter the BmPROM scores in the appropriate boxes

Step 1. Q.1 + Q.3 + Q.4 =

Step 2. Score from Step 1 \div 3 = *This is the Functionality score*

WELLBEING (3 steps): Please enter the BmPROM scores in the appropriate boxes

Step 1. Q.2 + Q.5 + Q.6 + Q.7 + Q.8 =

Step 2. Score from Step 1 \div 5 =

Step 3. 10 - score from Step 2 = *This is the Wellbeing score*

Understanding the scores:

- Scores for Functionality and Wellbeing range from 0 to 10
- A high score is representative of a more favourable health state

BmPROM SUPPLEMENTARY INFORMATION

BEFORE TREATMENT

In order to obtain an understanding of your expectations of physiotherapy and the physiotherapist we would be grateful if you would complete the following questions.

S1. Please tell us what your expectations of **physiotherapy** treatment are:

- i.
- ii
- iii

S2. Please now tell us what your expectations of the **physiotherapist** are:

- i.
- ii
- iii

S3. What are the 3 main things you feel you need to gain from physiotherapy in relation to your current problem?

- i.
- ii
- iii

S4. Please tell us your current work status (circle one of the following):-

Working	Off sick	Retired	Unemployed	Student	Not applicable
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BmPROM SUPPLEMENTARY INFORMATION

AFTER TREATMENT

We would be grateful if you would complete the following questions.

S1. Please tell us which, if any, of your expectations of **physiotherapy** were not fulfilled

- i.
- ii.
- iii.

S2. Please now tell us which, if any, of your expectations of the **physiotherapist** were not met:

- i.
- ii.
- iii.

S3. Please tell us your current work status (circle one of the following):-

Working	Off sick	Retired	Unemployed	Student	Not applicable
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S4. Please tell us how satisfied you feel with the physiotherapy treatment you have received:

0	1	2	3	4	5	6	7	8	9	10
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Not at all Completely