The following questions ask you what the overall effect your treatment has had on your main complaints, general feeling of well-being, and your coping with the problem up to present time. The questions are asked in such a way that they reflect the dialogue you may have during the consultation with your doctor or practitioner. Please, answer the questions by ticking the boxes and then follow either the arrows to the next question or the instructions next to boxes.

1. Your main complaint(s)… (please tick boxes)

1. “Has the treatment caused any improvement or deterioration in your main complaint(s)?”

- Yes, it improved
- No, no change
- Yes, it got worse

2. “Is/was this change enough to affect the quality of your daily living?”

- Yes, it improved
- No, no change
- Yes, it got worse

3. “Is/was this change very marked, a major effect?”

- Yes, a major improvement
- No, no change
- Yes, a major deterioration

4. “Is/was this change a complete resolution or disastrous deterioration of the problem?”

- Yes, a complete resolution
- No, neither
- Yes, a disastrous deterioration