Dear study participant,

chronic pain constitutes a considerable health risk for professional musicians and a potential threat to a successful career.

The purpose of our research project is to explore the specific individual processes towards, and causes of, chronic pain in musicians. Another objective is to develop strategies and effective methods to treat chronic pain.

You can give us valuable help!

Please complete the questionnaire below.

This will only take approx. 15 minutes of your time!

Is the survey anonymous?
Yes, the survey is anonymous. Only anonymized data are collected without any direct reference to your person. None of the information will be disclosed to a third party. Data will be evaluated anonymously and destroyed upon conclusion of the project. Evaluated study results will be published in a journal without any conclusions to be drawn about individual participants.

Is the participation voluntary?
Participation is voluntary, of course. You may withdraw your consent at any time without stating reasons. Participation will in no way prevent a continuation of treatment and medication prescribed for existing complaints. The Ethics Committee of Witten/Herdecke University has given approval of the survey.
Parts of our questionnaire are based on the official Deutscher Schmerzfragebogen, Deutsche Schmerzgesellschaft e.V., Version 2012.2, SF-36 Hogrefe Verlag, Bullinger u. Kirchberger 1998 and Audit-C.

Please feel free to contact us at any time with any questions you might have.

Please start now with the questionnaire.

Thank you!

Univ.-Prof. Dr. Prof. h. c. E. Neugebauer
Leitung des Institutes für Forschung in der Operativen Medizin, Köln-Merheim

Cand. med. M. - J. Klump
Studentin der Humanmedizin
Universität Witten/Herdecke

Dr. rer. med. E. R. Gasenzer
Institut für Forschung in der Operativen Medizin, Köln-Merheim

Ifom · Institut für Forschung in der Operativen Medizin, Direktor: Univ.-Prof. Dr. Prof. h. c. Edmund A. M. Neugebauer, Lehrstuhl für Chirurgische Forschung, Fakultät für Gesundheit, Department für Humanmedizin, Universität Witten/Herdecke, Ostheimer Str. 250, Haus 38, 51109 Köln, Telefon: +49 221 9665-10, Fax: +49 221 9665-39, E-Mail: ifom-neugebauer-sek@uni-eh.de

Stand: 07.09.2013, Fragebogen, Version #2
Seite 1 von 10
General questions

1. In which type of orchestra you are playing? (theater orchestra or oper orchestra, concert orchestra, chamber orchestra, radio orchestra, other)

2. Gender: O female O male

3. Age (in years): ______

Fragen zum Instrumentenspiel Teil 1

4. Please indicate the chief instrument you play in your orchestra:
   O 1st violin O 2nd violin O bassoon O flute O harp
   O horn O clarinet O double bass O oboe O percussion
   O timpani O trombone O trumpet O tuba O viola O violoncello
   O other: ________________

5. For how many hours per day do you play your chief instrument?
   Daily duration of playing: _______ hours
   ... hours standing: _______ hours
   ... hours sitting: _______ hours

6. When did you start getting instruction in your chief instrument?
   In the age of _______ years

7. Which technical equipment do you use in playing your chief instrument?
   Please choose all that apply:
   O no technical equipment O chin / shoulder support O straps O grips
   O chair cushion O footrest O foot end caps
   O lighting O cold protection O hearing protection
   O other: ________________
Fragen zum Instrumentenspiel Teil 2

8. Frequency of performance?
   Number of concerts last week ________
   Number of concerts last month ________
   Number of concerts last year ________

9. Of the number of concerts last year I played...
   ... in the orchestra ________ concerts
   ... in a small ensemble ________ concerts
   ... as a soloist ________ concerts

10. I have been active in this orchestra for about...
    ... years ________
    and ... months ________

11. I am still in my probationary period in the current orchestra
    O yes   O no

12. I have former work experience in orchestras of altogether...
    ... years ________

13. I have often had to move to another city to pursue my musical activities
    O yes   O no
13a. If so, how often? ________ times

Questions related to pain

14. Are you suffering from pain (in this moment, or from recurring pain)?
    O yes   O no (You will continue with question 24)
15. Look at these figures:

Indicate the body region where you feel pain. Tick off one or several answers.

- head
- neck
- shoulder
- elbow
- wrist and hand
- upper back
- lower back
- buttock
- chest
- abdomen
- hip
- knee
- ankle joint and foot
- other body regions: ____________________

15a. Please also indicate the affected side of the body where you feel the pain:
left or right or both sides.
(“Both sides” can also mean “sometimes the one side, sometimes the other side”)

<table>
<thead>
<tr>
<th>body part</th>
<th>left</th>
<th>right</th>
<th>both sides</th>
</tr>
</thead>
<tbody>
<tr>
<td>head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>shoulder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>elbow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>wrist and hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>upper back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lower back</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>buttock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>chest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>abdomen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hip</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ankle joint and foot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other body regions:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Which of the indicated pains are most severe?

_____________________________
17. How long have you been feeling this pain?
   Only answer this question if the following conditions are met:
   - O less than 1 month
   - O 1 to 3 months
   - O 3 to 6 months
   - O 1/2 to 1 year
   - O 1 to 2 years
   - O 2-5 years
   - O more than 5 years

18. Which of the statements below describes best your pains over the past four weeks?
   - O background pain with slight variations
   - O background pain with strong variations
   - O pain attacks, no pain in between
   - O pain attacks with background pain in between

18a. If you suffer from pain attacks, how often do they occur on average?
   - O several times a day
   - O once per day
   - O several times per week
   - O once per week
   - O once per month
   - O less frequently:

18b. Average duration of these attacks?
   - O seconds
   - O minutes
   - O hours
   - O up to 3 days
   - O more than 3 days

Intensity of pain

19. Describe the intensity of pain. Tick off the pain level on a scale from 0 to 10.

For your orientation: 0 means no pain, 10 means you suffer the worst imagineable pain.

First, please indicate your current level of pain:

<table>
<thead>
<tr>
<th>current level of pain</th>
<th>no pain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 strongest pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10 strongest pain</td>
</tr>
</tbody>
</table>
Now please indicate the average pain level over the past 4 weeks:

<table>
<thead>
<tr>
<th>average level of pain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Now please indicate the highest level of pain experienced during the past 4 weeks:

<table>
<thead>
<tr>
<th>highest level of pain</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Impact of pain

20. The following questions address your pain over the past 3 months. We want more details on the impact of your pain during this period.

On how many days in the past 3 months did your pain prevent you from performing your habitual activities (job, leisure time, household chores)?

On about _______ days

To which extent did pain affect your daily life over the past 3 months (dressing, washing yourself, eating, shopping etc.)? Tick off the relevant figure on the scale below:

<table>
<thead>
<tr>
<th>Impairment in daily life</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

To which extent did pain affect your activities in leisure time, with family or friends over the past 3 months? Tick off the relevant figure on the scale below:

<table>
<thead>
<tr>
<th>Impairment in leisure activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

To which extent did pain affect your working capacity (including household chores) over the past 3 months? Tick off the relevant figure on the scale below:

<table>
<thead>
<tr>
<th>Impairment of working capacity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

Coping with pain

21. Does the pain occur while you play the instrument?

- always
- mostly
- often
- sometimes
- rarely
- never

21a. Does the pain occur only while you play the instrument?

- yes
- no
22. What do you do to positively influence your pain?  
Please give exact details, such as going for a walk, sleeping, distraction, use of medication etc.  
Rate according to significance, i.e. mention first what helps best:

23. To which causes do you attribute your pain? (Multiple answers possible)  
Please choose all that apply:  
O no cause I can identify  
O some specific disease which specific disease exactly?  
O physical stress which physical stress exactly?  
O emotional stress which emotional stress exactly?  
O a different cause which different cause exactly?

Health and well-being

24. How would you describe your general state of health?  
O excellent  O very good  O good  O not so good  O bad

25. I engage in physical exercise or relaxation techniques for at least 30 minutes such as yoga, muscle relaxation according to Jacobson, jogging, weight training, gym, tai chi, autogenic training, other

O no per week  O 1x per week  O 2-3x per week  O more than 3x per week

25a. Which type of sports or relaxation techniques exactly?

26a. Please assess your current state of well-being. Please indicate how you felt most of the time during the past 14 days. Tick off the most accurate figure on the 6-step scale: 0 = not correct at all, 5 = fully correct. Please address all statements. Please choose the appropriate response for each item:

I have been able to cope with daily assignments
0 1 2 3 4 5
I have felt internal fulfilment
0 1 2 3 4 5
I have felt comfortable
0 1 2 3 4 5
I have been able to enjoy life
0 1 2 3 4 5
I have been satisfied with my performance
0 1 2 3 4 5
I have been in agreement with my physical state
0 1 2 3 4 5
I have felt real pleasure
0 1 2 3 4 5
26b. The questions below address how you felt and how you were doing over the past 4 weeks. Please tick off the statement that corresponds best to your condition.

During the past 4 weeks, how often have you been …

...very nervous?
- O always
- O mostly
- O often
- O sometimes
- O rarely
- O never

...so down that nothing cheered you up?
- O always
- O mostly
- O often
- O sometimes
- O rarely
- O never

...calm and composed?
- O always
- O mostly
- O often
- O sometimes
- O rarely
- O never

...discouraged and sad?
- O always
- O mostly
- O often
- O sometimes
- O rarely
- O never

...happy?
- O always
- O mostly
- O often
- O sometimes
- O rarely
- O never

27. I know medical facilites that cater specifically for musicians’ health problems such as outpatient wards for musicians, institutes for musicians’ medicine, medical consultations for musicians etc.

If so, which? __________________________

27a. I have consulted such a facility

- O no
- O yes, because of pain
- O yes, for some other reason: __________________________

27b. Treatments I received there helped me significantly

- O yes
- O no

Which treatments did you receive? __________________________

28. (Apart from your pain) are you suffering from any other illnesses or effects of such?

This refers to diseases of various organ systems:

- e.g. brain and spinal cord, nervous system, musculoskeletal system, connective tissue, cardiovascular system, thyroid, gastrointestinal problems, liver, gall bladder or pancreas, kidneys, lower urinary tract, metabolic or skin disorders, mental ailments, other

If so, which? __________________________
29. Do you smoke?

- O yes
- O no

30. How often do you have a drink containing alcohol?

- O never
- O monthly or less
- O 2-4 times a month
- O 2-3 times a week
- O 4 times or more a week

31. How many drinks containing alcohol do you have on a typical day when you are drinking?

- O 1 or 2
- O 3 or 4
- O 5 or 6
- O 7, 8 or 9
- O 10 or more

32. How often do you have six or more drinks on one occasion?

- O never
- O less than monthly
- O monthly
- O weekly
- O more than weekly

31. Do you take other stimulants or narcotic substances?

- O yes
- O no

32. How often do you suffer from stage fright prior to a performance?

- O every time
- O almost every time
- O sometimes
- O rarely
- O never

32a. How much does stage fright affect you?

Indicate the extent on the scale below:
0 means no stress, 10 means highest level of stress.

Stage fright

1 2 3 4 5 6 7 8 9 10

33. How often do you perceive the noise level at a concert or rehearsal as too loud?

- O every time
- O almost every time
- O sometimes
- O rarely
- O never
33a. How much do you feel stressed by the high noise level in the orchestra?

<table>
<thead>
<tr>
<th>High noise level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

34. Please tick off the statement that corresponds to your condition in each line:

<table>
<thead>
<tr>
<th>Statement</th>
<th>not correct at all</th>
<th>fully correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with my current occupation as a musician</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I am worried about my professional future</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I feel respected by my colleagues</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>

35. Please tick off the statement that corresponds to your condition in each line:

<table>
<thead>
<tr>
<th>Statement</th>
<th>not correct at all</th>
<th>fully correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can talk to my colleagues about my health problems</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I feel supported in my professional career by family and friends</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>My occupation creates problems with my partner/family</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>

36. I generally feel I can meet...

<table>
<thead>
<tr>
<th>Aspect</th>
<th>not correct at all</th>
<th>fully correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>... professional expectations</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>... private expectations</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>... social expectations</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>... my own expectations</td>
<td>0 1 2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>

... and a personal note at the end ...

Is there any question you consider very important in this context which we have not addressed?

Any other ideas or questions for us?