

#### **University of Brighton**



# 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

To be completed by practitio	ner	
Practitioner ID:	Patient ID:	Date:

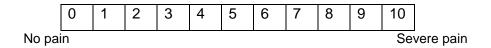
# THE BRIGHTON MUSCULOSKELETAL PATIENT REPORTED OUTCOME MEASURE (BmPROM)

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.

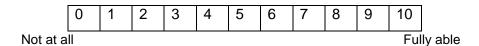
1. In general, please tell us how you would rate your overall quality of life at this present time:

	0	1	2	3	4	5	6	7	8	9	10	
No quality at	all										Be	est quality of life

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



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:



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	
Not at a	all										F	ully able

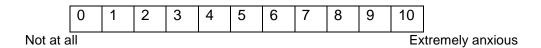
5.	Please tell us how much you depend on pain relieving medication to help you cope
	with your current problem:

	0	1	2	3	4	5	6	7	8	9	10	
Not at a											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	
Not at al	I										G	reatly disturbed

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



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	
Not at a	all										Ex	tremely downhearted

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

To be completed by practitio	ner	
Practitioner ID:	Patient ID:	Date:

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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						
<b>Step 1.</b> Q.1						
Step 2. Score from Step 1 ÷ 3 = This is the Functionality score						

WELLBEING (3 steps): Please enter the BmPROM scores in the appropriate boxes							
Step 1. Q.2							
Step 2. Score from Step 1 ÷ 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

To be completed by practition	ner	
Practitioner ID:	Patient ID:	Date:

## **BMPROM SUPPLEMENTARY INFORMATION**

## **BEFORE TREATMENT**

				-	expectations of p	•		
S1.	Pleas	e tell us w	hat your ex	pectations	of <b>physiothera</b>	apy treatme	ent are:	
	i. ii iii							
S2.	Pleas	e now tell	us what yo	ur expecta	itions of the <b>phy</b>	siotherap	ist are:	
	i. ii iii							
S3.		are the 3 i	-	s you feel y	ou need to gain	n from phys	iotherapy in relation	ı to
	i. ii iii							
S4.	Pleas	e tell us yo	our current	work statu	s (circle one of	the followin	ng):-	
		Working	Off sick	Retired	Unemployed	Student	Not applicable	

To be completed by practitioner									
Practitioner ID:	Patient ID:	Date:							

## **BMPROM SUPPLEMENTARY INFORMATION**

#### AFTER TREATMENT

/e would be grateful if you would complete the following questions.  1. Please tell us which, if any, of your expectations of physiotherapy were not fulfille i				•	·· · -			, , , , ,		•				
i. ii. iii.  2. Please now tell us which, if any, of your expectations of the <b>physiotherapist</b> were met:  i. ii. iii.  iii.  iii.  iii.  Please tell us your current work status (circle one of the following):-  Working Off sick Retired Unemployed Student Not applicable  Please tell us how satisfied you feel with the physiotherapy treatment you have received:	e would b	oe grateful if	you w	ould/	comp	olete	the f	ollow	ing q	uesti	ons.			
ii. iii.  Please now tell us which, if any, of your expectations of the physiotherapist were met:  i. ii. iii.  Working Off sick Retired Unemployed Student Not applicable  Please tell us how satisfied you feel with the physiotherapy treatment you have received:	I. Plea	ase tell us w	hich, i	f any	, of yo	our e	xpec	tatior	ns of <sub> </sub>	phys	iothe	rap	<b>y</b> were not fulfi	lled
i. ii. iii.  Please tell us your current work status (circle one of the following):-  Working Off sick Retired Unemployed Student Not applicable  Please tell us how satisfied you feel with the physiotherapy treatment you have received:	ii.													
ii. iii.  Please tell us your current work status (circle one of the following):-  Working Off sick Retired Unemployed Student Not applicable  Please tell us how satisfied you feel with the physiotherapy treatment you have received:			us wh	ich, i	f any,	of yo	our e	xpect	tation	s of t	he <b>pl</b>	nysi	otherapist we	re no
Working Off sick Retired Unemployed Student Not applicable  4. Please tell us how satisfied you feel with the physiotherapy treatment you have received:	ii.													
Please tell us how satisfied you feel with the physiotherapy treatment you have received:	3. Plea	ase tell us y	our cu	rrent	work	statu	ıs (ci	rcle c	ne of	the	follow	ving)	:-	
received:		Working	Working Off sick		Reti	red	Une	Unemployed		Stı	Student		lot applicable	
Not at all Completely		eived:									. ,	10	]	