# Initial Screening – FORM A

### Please answer all questions.

1. **GENERAL QUESTIONS**

1.1 Date of injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.2 Time of injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(24 hr clock)

The study does have some **eligibility criteria**.

1. **INCLUSION CRITERIA** **(Must respond yes to all)**

|  |
| --- |
| ***Definitions:******WAD I: Neck complaints of pain, stiffness or tenderness only; no physical signs******WAD II: Neck complaint plus musculoskeletal signs including**** ***decreased ROM***
* ***point tenderness***
 |

|  |  |  |
| --- | --- | --- |
| * + Individuals with Grade II WAD
 | Y | N |
| * + Within 48 hours of injury.
 | Y | N |
| * + Experiencing at least moderate pain on arrival at ED (VAS:> = 5/10).
 | Y | N |
| * + Age 18-65 years
 | Y | N |

1. **EXCLUSION (Must respond no to all)**

|  |  |  |
| --- | --- | --- |
| * + Known or suspected serious spinal pathology (e.g. metastatic disease of the spine);
 | Y | N |
| * + Confirmed fracture or dislocation at time of injury (WAD IV);
 | Y | N |
| * + WAD III (neurological compromise eg decreased reflexes, muscle power);
 | Y | N |
| * + Previous whiplash injury or neck pain condition requiring treatment;
 | Y | N |
| * + Patients using gabapentin/pregabalin;
 | Y | N |
| * + Patients with known peripheral neuropathy;
 | Y | N |
| * + Known hypersensitivity to pregabalin use (hives, blisters, rash, dyspnea and wheezing);
 | Y | N |
| * + History of renal insufficiency;
 | Y | N |
| * + Women who are pregnant (or plan to be) or breastfeeding (menstruating women of child bearing age must have a negative pregnancy test in ED)
 |  | N |
| * + History of psychiatric illness or substance abuse;
 | Y | N |
| * + PHQ-2 score of 3 or more
 | Y | N |
| * + Inability to speak and write in English (participants will be required to complete questionnaires written in English only).\*
 | Y | N |

\*The participant should be fluent in spoken and written English to be eligible for this study. However this should be gauged without asking the patient outright.

* **If eligible so far, explain that**:
* We now need you to complete some additional questionnaires/tests so that we can check that you are able to be included in the study.
* Once we have checked the results of your questionnaires/tests we will discuss the results with you and whether you are able to continue with the trial.
* **Administer PHQ-2 below.**

|  |
| --- |
| **PHQ-2** |
| This short questionnaire inquires about the frequency of depressed mood and anhedonia (the inability to feel pleasure in normally pleasurable activities), over the past two weeks. Please circle the appropriate score below. |
| Over the past 2 weeks, how often have you been bothered by any of the following problems? | Not at All | Several Days | More Than Half the Days | Nearly Every Day |
| 1. Little interest or pleasure in doing things
 | 0 | 1 | 2 | 3 |
| 1. Feeling down, depressed or hopeless
 | 0 | 1 | 2 | 3 |

4. PHQ-2 score\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Obtain results of neck X-rays or CT scans (If ordered).**

5. Neck X-ray results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please attach a copy)

* **If appropriate, organise pregnancy test**

6.Pregnancy test results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please attach a copy)

7. Is the patient eligible? Y / N

8. If eligible, has patient agreed to participate? Y / N

9. Informed consent signed Y / N

(Note: Give one copy to patient)

Research Assistant

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersigned by Treating Doctor

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all questions are answered and file in patient’s study file.