

Supplementary File 3

Global perceived effect

Name:

Id number:

Date:

How will you describe your general wellbeing now in your neck/back (and any extremities) as opposed to 2 weeks ago before treatment was started?

(Only one tick in the following)

- Much better
- Better
- Little better
- Almost the same
- Little worse
- Worse
- Much worse

Rated in the file from 1-7, with 1 being much better and 7 being much worse.