## SDC Data Collection Tool

### Part 1: Initial consultation for new episode

*To be completed by the osteopath*

<table>
<thead>
<tr>
<th>Practitioner ID code</th>
<th>2. Sex: Male ☐ Female ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of first appointment</td>
<td></td>
</tr>
</tbody>
</table>

| 3. Postcode:  
*Please state first part only e.g. SE11, BN20* | 4. Patient’s age (years) |
|-----------------------------------------------|--------------------------|

| 5. Patient’s height ________ Metres and cms*  
*Circle as appropriate* | 6. Patient’s weight ________ Kg and g*  
*Circle as appropriate* |
|--------------------------|--------------------------|

<table>
<thead>
<tr>
<th>7. What is the patient’s main occupation?</th>
<th>8. How would you describe the patient’s current work status? <em>Tick as appropriate</em></th>
</tr>
</thead>
</table>
| ________________________________ | ☐ Working full time (employed)  
☐ Working full time (self-employed)  
☐ Working part time (employed)  
☐ Working part time (self-employed)  
☐ Not currently employed  
☐ Retired  
☐ Student  
☐ Pre-school  
☐ Other, please specify |

|-------------------------------------------------|--------------------------------------------------------|
| Yes ☐ No ☐ Not applicable ☐ | ☐ strenuous  
☐ moderate  
☐ not applicable  
☐ light |

| 11. How strenuous are the patient’s leisure time activities?  
*See examples below* | 12. Who referred the patient to this practice? |
|------------------------------------------------------------|---------------------------------------------|
| ☐ strenuous  
☐ moderate  
☐ not applicable  
☐ light | ☐ patient  
☐ insurance company  
☐ NHS Consultant  
☐ another healthcare practitioner  
☐ GP  
☐ employer  
☐ solicitor |

| 13. Has the patient ever had any osteopathic treatment before? | 14. How did the patient hear about this practice?  
*tick all that apply* |
|---------------------------------------------------------------|---------------------------------------------------|
| ☐ yes  
☐ no | ☐ Word of mouth/recommendation  
☐ Local advert  
☐ Yell.com  
☐ Yellow pages  
☐ Thompson Directory  
☐ I live nearby  
☐ From a healthcare practitioner  
☐ Internet search  
☐ Other, please specify |

| 15. Why did the patient decide to have osteopathy?  
*tick all that apply* | |
|-------------------------------------------------|---------------------------------------------------|
| ☐ Personal recommendation or referral  
☐ Personal research  
☐ Waiting for NHS physiotherapy appointment  
☐ Failure of previous treatment  
☐ Previous experience of osteopathic treatment  
☐ Desire to have osteopathic treatment  
☐ Wanted a form of manual or hands on treatment  
☐ Did not want treatment through the NHS  
☐ Wanted to have drug-free treatment  
☐ Other, please specify |
16. How long did the patient have to wait for the first appointment to be offered?
- Same day
- 2-3 days
- 4-7 days
- 8 days or more
- Not known

17. Is the patient on an NHS waiting list for treatment for this problem?
- Yes
- No

18. How long has the patient been waiting for NHS treatment for this problem?
- Weeks
- Not applicable

19. How many times has the patient visited their GP about this problem prior to coming to here?
- Times

20. How many weeks has the patient had this current problem?
- Less than 1 week
- 1-2 weeks
- 3-4 weeks
- 5-6 weeks
- 7-12 weeks
- 13-51 weeks
- 1 year or more

21. How many weeks has the patient been off work with this current problem?
- Less than 1 week
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 5 weeks or more
- Not applicable

22. Has the patient had previous treatment or investigations for this episode of this problem?
- Yes
- No
- If yes, has this included: Tick all that apply
  - Imaging e.g. an X-Ray or scan
  - Blood test
  - Medication
  - Urinalysis
  - Hospital outpatient treatment
  - Hospital inpatient treatment
  - Other (please state)

23. Type of onset of symptoms? Tick all that apply
- Acute/sudden onset (of unknown origin)
- Traumatic onset (of known origin)
- Slow/insidious onset
- Recurring problem

24. Is this the first episode? Please tick
- Yes, first time onset
- Second episode
- Third episode
- Fourth or more episodes

25. Severity of main symptoms on first visit – for patient completion

<table>
<thead>
<tr>
<th>No symptoms</th>
<th>0</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>
<tbody>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worst</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
26. Symptom areas: Please record up to four predominant symptom areas in order of priority for the patient

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/facial area</td>
<td>Hand</td>
<td>Thoracic spine</td>
<td>Knee</td>
</tr>
<tr>
<td>Temporo-mandibular</td>
<td>11 Rib cage</td>
<td>12 Lumbar</td>
<td>Lower leg</td>
</tr>
<tr>
<td>Neck</td>
<td>13 Sacroiliac/pelvis/groin</td>
<td>14 Gluteal region</td>
<td>Ankle</td>
</tr>
<tr>
<td>Shoulder</td>
<td>15 Hip</td>
<td></td>
<td>Foot</td>
</tr>
<tr>
<td>Upper arm</td>
<td>16 Thigh/upper leg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forearm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracic spine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacroiliac/pelvis/groin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gluteal region</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. What current co-existing conditions (diagnosed by a medical practitioner) does the patient have (tick all that apply)

- Anaemia
- Angina
- CHF (Congestive heart failure)
- Hypertension
- MI (myocardial infarct)
- Peripheral vascular disease
- Stroke/TIA (Transient Ischaemic Attack)
- Anxiety
- Depression
- Dementia
- Migraine
- Neurological disease
- Arthritis
- Osteoporosis
- Asthma
- COPD (chronic obstructive pulmonary disease)
- Cancer
- Diabetes
- Hearing impairment
- Visual impairment
- Kidney disease
- Liver disease
- Pregnancy
- Bowel disease
- Upper gastrointestinal disease
- Other (please state)
- None

Part 2: Management and treatment

28. What treatment plan was agreed with the patient?

- Osteopathic management
- Non-osteopathic treatment
- Single consultation only
- Patient referred on

29. What types of treatment approaches have been used with the patient today?

- No hands on treatment
- Soft tissue
- Articulation
- HVLA thrust
- Cranial techniques
- Muscle energy
- Strain/counterstrain
- Functional technique
- Visceral
- Myofascial release (MFR)
- Education
- Relaxation advice
- Steroid Injection
- Acupuncture
- Dietary advice
- Exercise
- Orthotics
- Lifestyle advice
- Other (please name)
Part 3: Information and Consent
(this information will be treated in strict confidence)

30. How was consent gained for examination?
- Implied consent
- Verbally
- Written
- Written and verbal
- Not applicable
- Other

31. How was consent gained for treatment?
- Implied consent
- Verbally
- Written
- Written and verbal
- Not applicable
- Other

32. Were any of the following procedures conducted and was specific consent obtained?

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Conducted</th>
<th>Consented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per rectal</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Per vaginal</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Oral</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cervical HVT</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lumbar HVT</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thoracic HVT</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

33. Did you discuss with the patient

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment options for their problem?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Possible risks and side effects of treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The anticipated response to treatment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The anticipated number of treatments</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ways to avoid recurrences in the future?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>An explanation of the presenting problem?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

34. What self-management strategies have been recommended for the patient to use?

<table>
<thead>
<tr>
<th>Strategy</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Application of heat</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Application of cold</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Contrast bathing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rest</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Specific exercise</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>General exercise</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please state)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vitamins or other nutritional supplements</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use of Back Book</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use of Whiplash Book</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Natural remedies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Naturopathic neuromuscular techniques</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Relaxation advice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Advice concerning physical activity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

35. Who is responsible for payment for treatment

- Self
- Insurance company
- Employer/own company
- Referral by NHS
- Other (please state)

36. Is an insurance case or litigation claim pending?
- Yes ☐ No ☐

37. Time allocated for first appointment
- ________ minutes
### Part 4. Second appointment

**38. After the first appointment, did the patient report any complications of treatment within the first 48 hours?**

- None of these
- Increased pain
- Increased stiffness
- Dizziness
- Nausea
- Headache
- Fatigue
- Drowsiness
- Serious adverse event, if known, please describe below

**39. What was the patient’s overall outcome after the first appointment?**

- Worst ever
- Much worse
- Worse
- Not improved/not worse
- Improved
- Much improved
- Best ever

**40. What types of treatment approaches have been used with the patient? Please tick all that apply**

- No hands on treatment
- Soft tissue
- Articulation
- HVLA thrust
- Cranial techniques
- Muscle energy
- Strain/counterstrain
- Functional
- Visceral
- Education
- Relaxation advice
- Steroid Injection
- Acupuncture
- Dietary advice
- Exercise
- Orthotics
- Myofascial release (MFR)
- Other (please name)

**41. What self-management strategies have been recommended for the patient to use? Please tick all that apply**

- None
- Application of heat
- Application of cold
- Contrast bathing
- Rest
- Specific exercise
- General exercise
- Other (please state)
- Vitamin or other nutritional supplements
- Use of the Back book
- Use of the Whiplash book
- Natural remedies
- Naturopathic neuromuscular techniques
- Relaxation advice
- Advice concerning physical activity

**42. Time allocated for follow up appointments**

minutes

### Part 5: Last visit of initial course of treatment for this episode

**43. Date of final visit:**

**44. Total number of treatments for this episode to date:**

**45. Has the patient completed the initial course of treatment for this episode?**

- Yes
- No, treatment is ongoing
- Patient did not return (reason unknown)
- Treatment terminated due to illness
- Treatment terminated due to finance
- Treatment terminated for other reason (please state)

**46. Severity of main symptoms on last visit – for patient completion**

<table>
<thead>
<tr>
<th>No symptoms</th>
<th>0</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>
<th>Worst imaginable symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47. Is the patient **continuing** to report any complications of treatment
- None of these
- Increased pain
- Increased stiffness
- Dizziness
- Nausea
- Headache
- Fatigue
- Drowsiness
- Serious adverse event, if known, please describe

48. What was the patient’s overall outcome at their final appointment or to date?
- Worst ever
- Much worse
- Worse
- Not improved/not worse
- Improved
- Much improved
- Best ever

49. How many treatments did the patient have before being able to return to work?
- Not applicable (retired)
- Not applicable (not off work)
- Not applicable (not able to return to work)

50. Did you contact the patient’s GP during this course of treatment?
- Yes
- No
  If yes, reasons for contact
- Patient was referred by the practice
- To request further information or investigation
- Other (please specify)
- GP had requested information
- To request referral for other treatment
- To provide the GP with information

51. At the last treatment, what was agreed for the patient’s future care?
- None planned. Patient was discharged
- Patient opted to return for episodic care
- Patient awaiting results of investigation
- Patient was referred on for investigation/treatment
- Still continuing initial course of treatment
- Patient planning to return for further treatment
- Other (please state)

52. If the patient was referred on from your practice, where were they referred to?
- Their GP
- Other medical consultant
- Other practitioner (please state)

53. If the patient was referred for other treatment while still having osteopathic treatment, where were they referred to?
- Their GP
- Other medical consultant
- Other complementary practitioner
- Physiotherapist or podiatrist
- A counsellor
- Exercise trainer or class
- Other (please state)

54. To which ethnic group does the patient belong? (this question is optional: the information is intended to try and serve all groups equally)

<table>
<thead>
<tr>
<th>White</th>
<th>Asian or Asian British</th>
<th>Chinese or other ethnic group</th>
</tr>
</thead>
<tbody>
<tr>
<td>British</td>
<td>Indian</td>
<td>Chinese</td>
</tr>
<tr>
<td>Irish</td>
<td>Pakistani</td>
<td>Any other, please record</td>
</tr>
<tr>
<td>Any other White background, please record</td>
<td>Bangladeshi</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mixed</th>
<th>Black or Black British</th>
</tr>
</thead>
<tbody>
<tr>
<td>White and Black Caribbean</td>
<td>Caribbean</td>
</tr>
<tr>
<td>White and Black African</td>
<td>African</td>
</tr>
<tr>
<td>White and Asian</td>
<td>Any other Black background, please record</td>
</tr>
<tr>
<td>Any other Mixed background, please record</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for completing this form
Statement of accreditation

“This standardised data collection tool has been produced by the National Council for Osteopathic Research (NCOR), and funded by the General Osteopathic Council (GOsC), the UK regulator of osteopaths. The intellectual property rights in the standardised data collection tool are jointly owned by the NCOR and the GOsC. The tool should be referenced in published work as: Moore AP, Leach CMJ, Fawkes CA. Standardised data collection tool for osteopathic practice. National Council for Osteopathic Research (UK) and General Osteopathic Council UK, 2009”.