Spine Patient Survey Information Sheet

Patient Information

Patient First Name: _____

Patient Last Name: _____

Patient MRN: _____

Date of Birth: _____

Appointment Information

Attending MD: _____

Appointment Date: _____

Appointment Timeframe:

- ☐ Pre-Operative
- ☐ 6 Week
- ☐ 3 Month
- ☐ 6 Month
- ☐ 1 Year
- ☐ 1 Year +

Patient Type: Spine Patient

Oswestry Disability Index

This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage everyday activities. Please answer EACH section by choosing the ONE choice that best describes your condition right Now.

Section 1 - Pain Intensity

- ☐ I can tolerate the pain I have without having to use pain medication.
- ☐ The pain is bad, but I can manage without having to take pain medication.
- ☐ Pain medication provides me with complete relief from pain.
- ☐ Pain medication provides me with moderate relief from pain.
- ☐ Pain medication provides me with little relief from pain.
- ☐ Pain medication has no effect on my pain.

Section 2 - Personal Care

- ☐ I can take care of myself normally without causing increased pain.
- ☐ I can take care of myself normally, but it increases my pain.
- ☐ It is painful to take care of myself, and I am slow and careful.
- ☐ I need help, but I am able to manage most of my personal care.
- ☐ I need help every day in most aspects of my care.
- ☐ I do not get dressed, I wash with difficulty, and I stay in bed.

Section 3 – Lifting

- ☐ I can lift heavy weights without increased pain.
- ☐ I can lift heavy weights, but it causes increased pain.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage.
- ☐ Pain prevents me from lifting heavy weights, but I can manage.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

Section 4 – Walking

- ☐ Pain does not prevent me from walking any distance.
- ☐ Pain prevents me from walking more than 1 mile.
- ☐ Pain prevents me from walking more than 1/2 mile.
- ☐ Pain prevents me from walking more than 1/4 mile.
- ☐ I can walk only with crutches or a cane.
- ☐ I am in bed most of the time and have to crawl to the toilet.

Oswestry Disability Index - Continued

This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage everyday activities. Please answer EACH section by choosing the ONE choice that best describes your condition right Now.

Section 5 - Sitting

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting for more than 1 hour.
- ☐ Pain prevents me from sitting for more than 1/2 hour.
- ☐ Pain prevents me from sitting for more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

Section 6 – Standing

- ☐ I can stand as long as I want without increased pain.
- ☐ I can stand as long as I want, but it increases my pain.
- ☐ Pain prevents me from standing for more than 1 hour.
- ☐ Pain prevents me from standing for more than 1/2 hour.
- ☐ Pain prevents me from standing for more than 10 minutes.
- ☐ Pain prevents me from standing at all.

Section 7 – Sleeping

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using pain medication.
- ☐ Even when I take medication, I sleep less than 6 hours.
- ☐ Even when I take medication, I sleep less than 4 hours.
- ☐ Even when I take medication, I sleep less than 2 hours.
- ☐ Pain prevents me from sleeping at all.

Section 8 – Social Life

- ☐ My social life is normal and does not increase my pain.
- ☐ My social life is normal, but it increases my level of pain.
- ☐ Pain prevents me from participating in more energetic activities (e.g., sports, dancing).
- ☐ Pain prevents me form going out very often.
- ☐ Pain has restricted my social life to my home.
- ☐ I have hardly any social life because of my pain.

Oswestry Disability Index - Continued

This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage everyday activities. Please answer EACH section by choosing the ONE choice that best describes your condition right Now.

Section 9 - Traveling

- ☐ I can travel anywhere without increased pain.
- ☐ I can travel anywhere, but it increases my pain.
- ☐ My pain restricts my travel over 2 hours.
- ☐ My pain restricts my travel over 1 hour.
- ☐ My pain restricts my travel to short necessary journeys under 1/2 hour.
- ☐ My pain prevents all travel except for visits to the physician / therapist or hospital.

Section 10 – Employment/Homemaking

- ☐ My normal job/homemaking activities do not cause pain.
- ☐ My normal job/homemaking activities increase my pain, but I can still perform all that is required.
- ☐ I can perform most of my job/homemaking duties, but pain prevents the more physically stressful.
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chores.

RAND SF36

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 1

In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

Section 2

Compared to one year ago, how would you rate your health in general now?

Much Better Now	Somewhat Better Now	About the Same	Somewhat Worse Now	Much Worse Now
☐	☐	☐	☐	☐

Section 3

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	☐	☐	☐
Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐	☐	☐
Lifting or carrying groceries	☐	☐	☐
Climbing several flights of stairs	☐	☐	☐
Climbing one flight of stairs	☐	☐	☐
Bending, kneeling, or stooping	☐	☐	☐
Walking more than a mile	☐	☐	☐
Walking several blocks	☐	☐	☐
Walking on block	☐	☐	☐
Bathing or dressing yourself	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 4

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular activities as a result of your PHYSICAL HEALTH?

	Yes	No
Cut down on the amount of time you spent on work or other activities?	☐	☐
Accomplished less than you would like?	☐	☐
Were limited in the kind of work or other activities?	☐	☐
Had difficulty performing the work or other activities? (Example: it took extra effort)	☐	☐

Section 5

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular activities as a result of any EMOTIONAL PROBLEMS?
(Such as feeling depressed or anxious)

	Yes	No
Cut down on the amount of time you spent on work or other activities?	☐	☐
Accomplished less than you would like?	☐	☐
Didn't do work or other activities as carefully as usual?	☐	☐

Section 6

During the PAST 4 WEEKS, to what extent has your PHYSICAL HEALTH or EMOTIONAL PROBLEMS interfered with your normal social activities with family, friends, neighbors, or groups?

Not At All	Slightly	Moderately	Quite A Bit	Extremely
☐	☐	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 7

How much BODILY PAIN have you had during the PAST 4 WEEKS?

None	Very Mild	Mild	Moderate	Severe	Very Severe
☐	☐	☐	☐	☐	☐

Section 8

During the PAST 4 WEEKS, how much did pain interfere with your normal work?
(Including both work outside the home and housework)?

Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
☐	☐	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 9

These questions are about how you feel and how things have been with you during the PAST 4 WEEKS. For EACH question, please give the ONE answer that comes closest to the way you have been feeling. How much time during the past 4 weeks:

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
Did you feel full of pep?	☐	☐	☐	☐	☐	☐
Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
Did you feel worn out?	☐	☐	☐	☐	☐	☐
Have you been a happy person?	☐	☐	☐	☐	☐	☐
Did you feel tired?	☐	☐	☐	☐	☐	☐

RAND SF36 - Continued

This survey asks for your views about your health. This information tracks how you feel and how well you are able to do your usual activities. Please choose ONE answer to EVERY question. If you are unsure about how to answer a question, give the best answer you can.

Section 10

During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH or EMOTIONAL PROBLEMS interfered with your social activities?
(Like visiting friends, relatives, etc.)

All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
☐	☐	☐	☐	☐

Section 11

How TRUE or FALSE is each of the following statements for you?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people.	☐	☐	☐	☐	☐
I am as healthy as anybody I know.	☐	☐	☐	☐	☐
I expect my health to get worse.	☐	☐	☐	☐	☐
My health is excellent.	☐	☐	☐	☐	☐

Visual Analogue Scale

This survey asks for your views about your health. Please mark the ONE number that best describes the question being asked.

What is your pain CURRENTLY?

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your TYPICAL or AVERAGE pain?

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your pain level at BEST?
(How close to "0")

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is your pain level at WORST?
(How close to "10")

No Pain — Worse Possible Pain

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐