

Compatible with SGS SWISSpine register

Internal Use Only Not read by scanner	Last name		First name		Gender
	Street			M.R.N.	
	Country Code	Zip Code	City		
	Social security number (ADI no.)			Birthdate (DD.MM.YYYY)	

Directions

- Use a #2 soft pencil for marking.
- Only one answer per question allowed
- Completely fill in boxes to record answers.
- Mandatory informations

Examination interval

- | | | | |
|--|-----------------------------------|--|----------------------|
| <input type="checkbox"/> before treatment | <input type="checkbox"/> 2 months | <input type="checkbox"/> 2 years | |
| <input type="checkbox"/> at discharge (end of therapy) | <input type="checkbox"/> 3 months | <input type="checkbox"/> 3 years | |
| <input type="checkbox"/> 4 weeks | <input type="checkbox"/> 6 months | <input type="checkbox"/> 4 years | e.g. 4 months |
| <input type="checkbox"/> 6 weeks | <input type="checkbox"/> 9 months | <input type="checkbox"/> 5 years | = 4 months/12 months |
| | <input type="checkbox"/> 1 year | <input type="checkbox"/> other:years | = 0.33 year |

Back problems can lead to back pain and/or pain in the legs/buttocks, as well as to sensory disturbances such as tingling, 'pins and needles' or numbness in any of these regions.

1 Which of the following problems troubles you **the most**? Please tick **ONE BOX only**.

- back pain
- leg/buttock pain
- sensory disturbances in the back/leg/buttocks, e.g. tingling, 'pins and needles', numbness
- none of the above

2 For the following 2 questions (2a and 2b) we would like you to indicate the severity of your pain, by ticking the appropriate box (where "0" = no pain, "10" = worst pain you can imagine). There are separate questions for **back pain** and for **leg pain (sciatica)/buttock pain**.

2a How severe was your **back pain** in the last week?

no pain 0 1 2 3 4 5 6 7 8 9 10 **worst** pain that I can imagine

2b How severe was your **leg pain (sciatica)/buttock pain** in the last week?

no pain 0 1 2 3 4 5 6 7 8 9 10 **worst** pain that I can imagine

3 During the **past week**, how much did your back problem **interfere with your normal work** (including both work outside the home and housework)?

- not at all
- a little bit
- moderately
- quite a bit
- extremely

4 If you had to spend **the rest of your life with the symptoms you have right now**, how would you feel about it?

- very satisfied
- somewhat satisfied
- neither satisfied nor dissatisfied
- somewhat dissatisfied
- very dissatisfied

5 Please reflect **on the last week**. How would you rate your quality of life?

- very good
- good
- moderate
- bad
- very bad

Please go to the next page...

