

Directions

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

Last name		First name		Gender
Street			M.R.N.	
Country Code	Zip Code	City		
Occupation	Birthdate (DD.MM.YYYY)		Telephone	

Examination interval

- | | | | |
|---|-----------------------------------|---|----------------------|
| <input type="checkbox"/> before surgery | <input type="checkbox"/> 3 months | <input type="checkbox"/> 2 years | |
| <input type="checkbox"/> 4 weeks | <input type="checkbox"/> 6 months | <input type="checkbox"/> 3 years | |
| <input type="checkbox"/> 6 weeks | <input type="checkbox"/> 9 months | <input type="checkbox"/> 4 years | e.g. 4 months |
| <input type="checkbox"/> 2 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> 5 years | = 4 months/12 months |
| | | <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...

