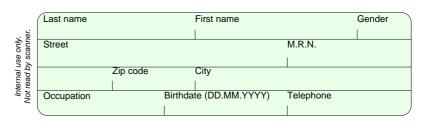
Patient Questionnaire

Instructions

- Use a #2 soft pencil for marking
- Text answers must be entered with the web interface
- Completly fill in boxes to record answers

Question types

- only 1 answer allowed
- multiple answers allowed



General Health Questionnaire

Examination date

Day c1) c2) c3) c4) c5) c6) c7) c8) c9) d0 d1 d2 d3 d4 d5 d6 d7 d8 d9 20 21 22 23 24 25 26 27 28 29 30 31 Month (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (2) Year 04 05 06 07 08 09 00 01 02 03 04 05 06

Examination interval after surgery

before surgery 4 years c > 11 years c > 12 years c > 6 weeks c ⊃ 5 years 13 years c > 3 months c > 6 years c > 6 months 7 years 14 years c > 9 months c ⊃ 8 years 15 years c > 9 years c o 1 year c > 2 years 10 years c 3 years

Please indicate which statements best describe your own health state today.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-Care

- I have no problems with self-care
- 1 have some problems washing or dressing myself
- c > I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- c I am unable to perform my usual activities

Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- c > I have extreme pain or discomfort

Anxiety/Depression

- I am not anxious or depressed
- c I am moderately anxious or depressed
- I am extremely anxious or depressed

Visual analog scale (VAS) regarding health

Please indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

