Directions

			Last name		First name		ender
)irec	tions	anner	Street			M.R.N.	
	tions e a #2 soft pencil for marking.	y sca			0::		
Text	t answers must be entered with the web interface.	Not read by scanner	Country code Zip cod	de	City		
-1	ruestions must be answered unless otherwise indicated.	Not re	Social security number	er (ADI no.)	<u> </u>	Birthdate (DD.MM	.YYYY)
	Completely fill in boxes to record answers.	-			landates: != f		
ours	re carefully evaluating the condition of your back and it is self. Please MARK the one best answer to each question.	IMI	PORTANT that you		Mandatory information		
Ex	amination Date						
N/A	Day (1) (2) (3) (4) (5) (6) (7) (8) (9) (10 (11) (12) (13) (14) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	D C1					
	erval with reference to surgery / treatment		Year Clo Cl	13) (13) נוט ערו	Ð C15) C16) C17) C18) I	CISU (21) (22)	
	before surg. C o 6 months C o 2 years C o 5 years	-	•	□ 11 yea	•	S	
	of weeks conditions co	-			•		
	○ 3 months C ⊃ 1 year C ⊃ 4 years C ⊃ 7 y	yea	ars C 10 years	∟ ⊃ 13 yea	ars 🗘 >15 yea	ır'S	
	Which one of the following best describes the amo	ייוס	nt of pain vou hav	ve experien	ced during the	past 6 months	?
J 1.	None Mild		Moderate	Moderate	to severe	Severe	
ρ	€ >Which one of the following best describes the amount	D: ''	c) nt of pain you hay	c ve exnerien		st month?	
υZ.	None Mild		Moderate	ve experier Moderate		Severe	
	c o		СЭ	С		C)	
03.	None of the time A little of the time S		rous person? ne of the time	Most of t		All of the time	
04.	If you had to spend the rest of your life with your I	bac				feel about it?	
			appy nor unhappy		unhappy	Very unhappy	
^-	What is your ourrent level of activity of				mal tel		
U 5.	What is your current level of activity?	jah			orts, such as	Full activities	
			usehold chores	walking ar	nd biking	without restrictio	on
06.	How do you look in clothes?		E .				
	Very good Good		Fair	Ba c		Very bad	
07.	In the past 6 months have you felt so down in the	_	· ·	-			
	Very often Often	S	ometimes	Rar		Never	
08.	Do you experience back pain when at rest? Very often Often	S	ometimes	Ran		Never	
	ć o c o		()	C	•	()	
09.	What is your current level of work/school activity?)% pormal	050/	armal	00/ pares-1	
	100% normal 75% normal)(0% normal	25% n		0% normal	
10.	Which one of the following best describes the app	ea	rance of your tru	nk; defined	l as the human	body except fo	or the
	head and extremities?		•			-	
	Very good Good		Fair	Po		Very poor	
118	a. Which one of the following best describes your m	ned					
- •	Non-narcotics weekly or less Non-narcoti		Narcotics wee	kly or less (e	e.g.		hor
	None (e.g. Aspirin, Tylenol, Ibuprofen) daily		Tylenol III, Lor	ocet, Percoc	et) Narcotics		her)
	11b. If 'Other' medication, please secify 11c. If 'Other' medication, describe your usage	 aily	v c∋ Weekly c	or less		_	
40	Deep your healt limit		l the barre				
12.	Never Rarely		d the house? cometimes	Ofte		Very often	
13.	Have you felt calm and peaceful during the past 6	mo				-	
			ne of the time	A little of		None of the time	е
14.	Do you feel that your condition affects your perso	na		С	,	СЭ	
	None Slightly		Mildly	Moder	•	Severely	Please continue on back!
					Conveight MENAS	2012 All rights recense	1 01 01 0010

Last name

First name

Gender

15.	Are you and/or your Severely	family experiencing Moderately	ng financial difficultie Mildly	es because of your back? Slightly	None		
	C D	()	C D	C)	()		
40	In the west C menths	have ver falt daw					
16.	In the past 6 months Never	Rarely	nnearted and blue? Sometime	es Often	Very often		
	СЭ	сэ	СЭ	СЭ	c o		
17.	In the last 3 months	have you taken an	y sick days from wo	rk/school due to back pain, a	and if so, how many? 4 or more		
	c ɔ	c ɔ	()	Ċ	()		
4.0	_						
18.	Do you go out more Much more	or less than your t	riends? Same	Less	Much less		
	СЭ	СЭ	C 3	C)	()		
19	Do you feel attractiv	e with your current	t hack condition?				
13.	Do you leer attractiv	e with your current	Neither attraction	ctive			
	Yes, very	Yes, somewhat			No, not at all		
20.	Have you been a hap None of the time	ppy person during A little of the time		time Most of the time	All of the time		
21.	Are you satisfied win	th the results of yo Satisfied	ur back managemen Neither satisfied nor		Very unsatisfied		
22.	Would you have the				, ,		
	Definitely yes	Probably yes	Not sure		Definitely not		
	СЭ	С Э	С Э	СЭ	СЭ		
23.	On a scale of 1 to 9	, with 1 being very	low and 9 being extr	emely high, how would you	rate your self-image?		
	1 C 2	2 3	4 5	6 7 8	9		
SEC		c y c y	c y c y	es es			
SECTION 2 The following questions are to be answered only after you have begun treatment for your back condition:							
					-		
	Compared with befo			Please mark on the dra	wings any areas where		
	Compared with before you now look? • Much better	ore treatment, how		Please mark on the dra you feel pain. If you are leave blank and initial.	wings any areas where not having any pain, Use the following key		
24.	Compared with before you now look? Compared with before you now look? Compared with before your look.	C 3 Same	do you feel O Much worse	Please mark on the dra you feel pain. If you are leave blank and initial. to show particular type	wings any areas where e not having any pain, Use the following key es of pain:		
24.	Compared with before you now look? • Much better	ore treatment, how of Same Owner Worse ment changed your	do you feel O Much worse	Please mark on the dra you feel pain. If you are leave blank and initial.	wings any areas where e not having any pain, Use the following key us of pain: 00000 Stabbing = ////		
24.	Compared with before you now look? Compared with before the compared with better Better Has your back treats to enjoy function an lncreased	Same Worse The treatment, how of the control of th	do you feel Much worse ability Decreased	Please mark on the dra you feel pain. If you are leave blank and initial. to show particular type KEY: Pins& needles = Burning = XXXXX	wings any areas where e not having any pain, Use the following key es of pain: 00000 Stabbing = //// Deep ache = ZZZZZ		
24.	Compared with before you now look? Much better Better Has your back treats to enjoy function an	Same Worse The treatment, how the same with	do you feel Much worse ability	Please mark on the dra you feel pain. If you are leave blank and initial. to show particular type KEY: Pins& needles = Burning = XXXXX	wings any areas where e not having any pain, Use the following key es of pain: 00000 Stabbing = //// Deep ache = ZZZZZ		
24. 25.	Compared with before you now look? Compared with before you now look? Compared with before your back treater Has your back treater to enjoy function an lncreased with your back treater. Has your back treater	c > Same c > Worse ment changed your d daily activity? Not changed c >	do you feel Much worse ability Decreased	Please mark on the dra you feel pain. If you are leave blank and initial. to show particular type KEY: Pins& needles = Burning = XXXXX	wings any areas where e not having any pain, Use the following key es of pain: 00000 Stabbing = //// Deep ache = ZZZZZ		
24. 25.	Compared with before you now look? C Much better C Better Has your back treate to enjoy function an Increased C O Has your back treate to enjoy sports/hobbe	ore treatment, how of some control of some con	do you feel C > Much worse r ability Decreased C > Transaction of the control	Please mark on the dra you feel pain. If you are leave blank and initial. to show particular type KEY: Pins& needles = Burning = XXXXX	wings any areas where e not having any pain, Use the following key es of pain: 00000 Stabbing = //// Deep ache = ZZZZZ		
24. 25.	Compared with before you now look? C Much better C Better Has your back treate to enjoy function an Increased C O Has your back treate to enjoy sports/hobbe	c > Same c > Worse ment changed your d daily activity? Not changed c > ment changed your bies?	do you feel C > Much worse r ability Decreased C > r ability Decreased	Please mark on the dra you feel pain. If you are leave blank and initial. to show particular type KEY: Pins& needles = Burning = XXXXX	wings any areas where e not having any pain, Use the following key es of pain: 00000 Stabbing = //// Deep ache = ZZZZZ		
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