

Directions

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

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)	

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 |

Neck problems can lead to neck pain and/or pain in the arm/shoulder region, 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**.

- neck pain
- arm/shoulder pain
- sensory disturbances in the neck/arm/shoulder, 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 **neck pain** and for **arm/shoulder pain**.

2a How severe was your **neck 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 **arm/shoulder 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 neck 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...

6 During the past 4 weeks, how many days did you cut down on the things you usually do (work, housework, school, recreational activities) because of your neck problem?

- none
between 1 and 7 days
between 8 and 14 days
between 15 and 21 days
more than 21 days

7 During the past 4 weeks, how many days did your neck problem keep you from going to work (job, school, housework)?

- none
between 1 and 7 days
between 8 and 14 days
between 15 and 21 days
more than 21 days

Answer the following questions only if you are completing this questionnaire AFTER the operation

8a Did any complications arise as a consequence of your operation in our hospital (e.g. problems with wound healing, paralysis, sensory disturbances)?

- no
yes -> please describe these:

8b How bothersome were these complications?

- not at all bothersome
slightly bothersome
moderately bothersome
very bothersome
extremely bothersome

9 Since the operation in our hospital, have you had any further operation(s) on your cervical spine (neck) in our or in other hospitals?

- no
yes, but at a different level of the spine.
yes, at the same level of the spine (same segment)

10 Over the course of treatment for your neck problem, how satisfied were you with your overall medical care in our hospital ?

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

11 Overall, how much did the operation in our hospital help your neck problem?

- helped a lot
helped
helped only little
didn't help
made things worse

Date Day Month Year 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35

Signature: