



Directions

- Use a #2 soft pencil for marking.
- Text answers must be entered with the web interface.
- All questions must be answered unless otherwise indicated.
- Completely fill in boxes to record answers.

Question types

- only 1 answer allowed multiple answers allowed

Level of procedure

- upper cervical cervicothoracic thoracic thoraco-lumbo-sacral lumbo-sacral coccyx
 mid lower cervical cervico-thoraco-lumbar thoracolumbar lumbar sacral

Internal Use Only
Not read by scanner

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

Admission

Day 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
Month 1 2 3 4 5 6 7 8 9 10 11 12 **Year** 00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16

Number of previous spine surgeries 0 1 2 3 4 5 6-5
Answer "0" excludes both "Previous surgery" questions ("at same level" and "at same hospital".)

Previous surgeries at same level no yes partially
Previous surgeries at same hospital no yes partially

Previous treatment for main pathology none 3-6 mon. conservative
 surgical 6-12 mon. conservative
 < 3 mon. conservative > 12 mon. conservative

Main pathology degenerative disease pathological fracture infection
 deformity spondylolisthesis tumor
 fracture/trauma inflammation failed surgery other

Additional pathology (Answer to question "Main pathology" is excluded.)
 none fracture/trauma infection
 degenerative disease pathological fracture tumor
 deformity spondylolisthesis failed surg.
 inflammation other

Most severely affected segment/vertebral body

<input type="radio"/> not applicable/assessable	<input type="radio"/> C3	<input type="radio"/> C7	<input type="radio"/> Th4	<input type="radio"/> Th8	<input type="radio"/> Th12	<input type="radio"/> L4
<input type="radio"/> unknown	<input type="radio"/> C3 / 4	<input type="radio"/> C7 / Th1	<input type="radio"/> Th4 / 5	<input type="radio"/> Th8 / 9	<input type="radio"/> Th12 / L1	<input type="radio"/> L4 / 5
<input type="radio"/> C0	<input type="radio"/> C4	<input type="radio"/> Th1	<input type="radio"/> Th5	<input type="radio"/> Th9	<input type="radio"/> L1	<input type="radio"/> L5
<input type="radio"/> C0 / 1	<input type="radio"/> C4 / 5	<input type="radio"/> Th1 / 2	<input type="radio"/> Th5 / 6	<input type="radio"/> Th9 / 10	<input type="radio"/> L1 / 2	<input type="radio"/> L5 / S1
<input type="radio"/> C1	<input type="radio"/> C5	<input type="radio"/> Th2	<input type="radio"/> Th6	<input type="radio"/> Th10	<input type="radio"/> L2	<input type="radio"/> S1
<input type="radio"/> C1 / 2	<input type="radio"/> C5 / 6	<input type="radio"/> Th2 / 3	<input type="radio"/> Th6 / 7	<input type="radio"/> Th10 / 11	<input type="radio"/> L2 / 3	<input type="radio"/> sacrum (S2-5)
<input type="radio"/> C2	<input type="radio"/> C6	<input type="radio"/> Th3	<input type="radio"/> Th7	<input type="radio"/> Th11	<input type="radio"/> L3	<input type="radio"/> coccyx
<input type="radio"/> C2 / 3	<input type="radio"/> C6 / 7	<input type="radio"/> Th3 / 4	<input type="radio"/> Th7 / 8	<input type="radio"/> Th11 / 12	<input type="radio"/> L3 / 4	

Extension of lesion 1 segment/vertebral body 2-3 segments/vertebral bodies 4-5 segments/vertebral bodies >5 segments/vertebral bodies

Comments regarding admission/"other" main pathology

Specification of Main Pathology

Only answer questions related to Main Pathology (Main Pathology "other" requires no specification.).

Degenerative Disease Type of degeneration <input type="checkbox"/> black disc <input type="checkbox"/> spondylarthrosis <input type="checkbox"/> disc degeneration <input type="checkbox"/> spinal stenosis <input type="checkbox"/> disc herniation <input type="checkbox"/> adjacent segment degen. <input type="checkbox"/> spondylosis <input type="checkbox"/> other	Spondylolisthesis Type of spondylolisthesis <input type="radio"/> Type I (congenital, dysplastic) <input type="radio"/> Type II (isthmic) <input type="radio"/> Type III (degenerative) <input type="radio"/> Type IV (traumatic) <input type="radio"/> Type V (pathologic) <input type="radio"/> Type VI (postsurgical)	Grade of spondylolisthesis <input type="radio"/> Grade 0 <input type="radio"/> Grade I <input type="radio"/> Grade II <input type="radio"/> Grade III <input type="radio"/> Grade IV <input type="radio"/> Spondyloptosis (V)
(Pathological) Fracture/Trauma Additional fractures w/different treatments require separate forms. Type of (pathological) fracture/trauma <input type="radio"/> condylar (C0) <input type="radio"/> C2 other fracture <input type="radio"/> C0/1 dissoziation <input type="radio"/> soft tissue injury neck <input type="radio"/> C1 fracture <input type="radio"/> fracture C3-L5/S1 <input type="radio"/> C1/2 instability <input type="radio"/> sacrum fracture <input type="radio"/> C2 dens fracture <input type="radio"/> other Dens fracture type C3-L5/S1 AO fracture type <input type="radio"/> I <input type="radio"/> A1 <input type="radio"/> B1 <input type="radio"/> C1 <input type="radio"/> II <input type="radio"/> A2 <input type="radio"/> B2 <input type="radio"/> C2 <input type="radio"/> III <input type="radio"/> A3 <input type="radio"/> B3 <input type="radio"/> C3 Pathological fracture due to ... <input type="radio"/> osteoporosis <input type="radio"/> fresh fracture <input type="radio"/> tumor <input type="radio"/> old fracture <input type="radio"/> other	Tumor Type of tumor <input type="radio"/> primary malignant <input type="checkbox"/> vertebral body <input type="radio"/> primary benign <input type="checkbox"/> posterior bony elements <input type="radio"/> secondary malignant <input type="checkbox"/> extradural <input type="radio"/> tumor like lesion <input type="checkbox"/> intradural extramedullary <input type="radio"/> other <input type="checkbox"/> intradural intramedullary <input type="checkbox"/> other Specify type of tumor	Failed surgery Type of failed surgery <input type="checkbox"/> non-union <input type="checkbox"/> postop. infection <input type="checkbox"/> frontal imbalance <input type="checkbox"/> instability <input type="checkbox"/> implant failure <input type="checkbox"/> other <input type="checkbox"/> neurocompression <input type="checkbox"/> sagittal imbalance

Surgeon

Assistant

Surgery

Day (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)
Month (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Year (00) (01) (02) (03) (04) (05) (06) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16)

Implant Tracking description
Goal of surgery
Anterior procedure(s)
Posterior procedure(s)
Surgeon credentials

Operation time
Morbidity state
Anterior access
Posterior access
Blood loss
Technology

Comments/implant used (article name/number/supplier)

Surgical Measures

Only answer questions related to Anterior/Posterior Procedure(s).

Decompression
Fusion
Stabilization rigid

Fusion material
Stabilization motion preserving
Percutaneous measures
Other surgical measures

Comments regarding surgical measures

Discharge

Day (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)
Month (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Year (00) (01) (02) (03) (04) (05) (06) (07) (08) (09) (10) (11) (12) (13) (14) (15) (16)

(Answer "none" in both "Surgical" and "General complications" excludes all remaining questions.)
Surgical complications
General complications

Measures taken
Surgical intervention/re-intervention

Status of Complications
Surgical
General
Comments regarding discharge