

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

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

Level of procedure

- | | | | | | |
|--|--|---|--|--|--|
| <input checked="" type="checkbox"/> upper cervical | <input checked="" type="checkbox"/> cervicothoracic | <input checked="" type="checkbox"/> thoracic | <input checked="" type="checkbox"/> thoraco-lumbo-sacral | <input checked="" type="checkbox"/> lumbo-sacral | <input checked="" type="checkbox"/> coccyx |
| <input checked="" type="checkbox"/> mid lower cervical | <input checked="" type="checkbox"/> cervico-thoraco-lumbar | <input checked="" type="checkbox"/> thoracolumbar | <input checked="" type="checkbox"/> lumbar | <input checked="" type="checkbox"/> sacral | |

Admission

Day C10 C20 C30 C40 C50 C60 C70 C80 C90 C100 C110 C120 C130 C140 C150 C160 C170 C180 C190 C200 C210 C220 C230 C240 C250 C260 C270 C280 C290 C300 C310
 Month C10 C20 C30 C40 C50 C60 C70 C80 C90 C100 C110 C120 Year 000 010 020 030 040 050 060 070 080 090 C10 C110 C120 C130 C140 C150 C160

Number of previous spine surgeries

C00 C10 C20 C30 C40 C50 C60

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

- | | | | | | |
|--|---|--|---------------------------------------|--|---------------------------------------|
| <input checked="" type="checkbox"/> degenerative disease | <input checked="" type="checkbox"/> pathological fracture | <input checked="" type="checkbox"/> infection | <input type="checkbox"/> none | <input type="checkbox"/> fracture/trauma | <input type="checkbox"/> infection |
| <input checked="" type="checkbox"/> deformity | <input checked="" type="checkbox"/> spondylolisthesis | <input checked="" type="checkbox"/> tumor | <input type="checkbox"/> degenerative | <input type="checkbox"/> pathological fracture | <input type="checkbox"/> tumor |
| <input checked="" type="checkbox"/> fracture/trauma | <input checked="" type="checkbox"/> inflammation | <input checked="" type="checkbox"/> failed surgery | <input type="checkbox"/> disease | <input type="checkbox"/> spondylolisthesis | <input type="checkbox"/> failed surg. |
| | | <input checked="" type="checkbox"/> other | <input type="checkbox"/> deformity | <input type="checkbox"/> inflammation | <input type="checkbox"/> other |

Most severely affected segment/vertebral body

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

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"/> spinal stenosis	<input type="checkbox"/> adjacent segment degen.	<input type="checkbox"/> other
Deformity	Type of deformity				
	<input checked="" type="checkbox"/> scoliosis	<input checked="" type="checkbox"/> combined	<input checked="" type="checkbox"/> kyphosis	<input checked="" type="checkbox"/> other	
Fracture/Trauma	Type of scoliosis				
	<input checked="" type="checkbox"/> single curve	<input checked="" type="checkbox"/> double curve			
(Pathological) Fracture/Trauma	Predominant etiology				
	<input checked="" type="checkbox"/> idiopathic	<input checked="" type="checkbox"/> posttraumatic	<input checked="" type="checkbox"/> M. Scheuermann	<input checked="" type="checkbox"/> other	
Additional fractures w/different treatments require separate forms.					
Type of (pathological) fracture/trauma	Type of (pathological) fracture/trauma				
	<input checked="" type="checkbox"/> condylar (C0)	<input checked="" type="checkbox"/> C2 other fracture	<input checked="" type="checkbox"/> soft tissue injury neck	<input checked="" type="checkbox"/> fracture C3-L5/S1	<input checked="" type="checkbox"/> sacrum fracture
Dens fracture type	C0/1 dissoziation				
	<input checked="" type="checkbox"/> C1 fracture	<input checked="" type="checkbox"/> C2 dens fracture	<input checked="" type="checkbox"/> C3-L5/S1 AO fracture type	<input checked="" type="checkbox"/> other	
Pathological fracture due to ...	C1/2 instability				
	<input checked="" type="checkbox"/> C2 dens fracture	<input checked="" type="checkbox"/> C3-L5/S1 AO fracture type	<input checked="" type="checkbox"/> A1 <input checked="" type="checkbox"/> B1 <input checked="" type="checkbox"/> C1	<input checked="" type="checkbox"/> A2 <input checked="" type="checkbox"/> B2 <input checked="" type="checkbox"/> C2	<input checked="" type="checkbox"/> A3 <input checked="" type="checkbox"/> B3 <input checked="" type="checkbox"/> C3
Fracture age					
	<input checked="" type="checkbox"/> fresh fracture	<input checked="" type="checkbox"/> old fracture			
Failed surgery	Type of failed surgery				
	<input type="checkbox"/> non-union	<input type="checkbox"/> instability	<input type="checkbox"/> neurocompression	<input type="checkbox"/> postop. infection	<input type="checkbox"/> frontal imbalance
Specify type of tumor					
Tumor	Type of tumor				
	<input checked="" type="checkbox"/> primary malignant	<input checked="" type="checkbox"/> primary benign	<input checked="" type="checkbox"/> secondary malignant	<input checked="" type="checkbox"/> tumor like lesion	<input checked="" type="checkbox"/> other
Localization	Localization				
	<input type="checkbox"/> vertebral body	<input type="checkbox"/> posterior bony elements	<input type="checkbox"/> extradural	<input type="checkbox"/> intradural extramedullary	<input type="checkbox"/> intradural intramedullary
Specify type of tumor					
Comments regarding specification of main pathology	Type of failed surgery				
	<input type="checkbox"/> non-union	<input type="checkbox"/> instability	<input type="checkbox"/> neurocompression	<input type="checkbox"/> implant failure	<input type="checkbox"/> sagittal imbalance

Surgeon

Assistant

Surgery

Day C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31
 Month C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 Year 000 010 020 030 040 050 060 070 080 090 C10 C11 C12 C13 C14 C15 C16

SURGICAL PROCEDURE Implant Tracking	Tracking/component description <input type="checkbox"/> yes <input type="checkbox"/> no	Goal of surgery <input type="checkbox"/> pain relief <input type="checkbox"/> functional improvement	<input type="checkbox"/> neurological improvement <input type="checkbox"/> cosmetic improvement	<input type="checkbox"/> diagnostic measures <input type="checkbox"/> other
	Anterior procedure(s) <input type="checkbox"/> no anterior procedure <input type="checkbox"/> anterior decompression <input type="checkbox"/> anterior fusion <input type="checkbox"/> anterior stabilization rigid <input type="checkbox"/> anterior stabilization motion preserving <input type="checkbox"/> anterior percutaneous procedure <input type="checkbox"/> other	Posterior procedure(s) <input type="checkbox"/> no posterior procedure <input type="checkbox"/> posterior decompression <input type="checkbox"/> posterior fusion <input type="checkbox"/> posterior stabilization rigid <input type="checkbox"/> posterior stabilization motion preserving <input type="checkbox"/> posterior percutaneous procedure <input type="checkbox"/> other	Surgeon credentials <input type="checkbox"/> specialized spine surgeon <input type="checkbox"/> board certified orthopaedic surgeon <input type="checkbox"/> board certified neurosurgeon <input type="checkbox"/> orthopaedic surgeon in training <input type="checkbox"/> neurosurgeon in training <input type="checkbox"/> other	
Operation time	Morbidity state	Anterior access	Posterior access	
<input type="checkbox"/> unknown <input type="checkbox"/> < 1 hr. <input type="checkbox"/> 1-2 hrs. <input type="checkbox"/> 2-3 hrs. <input type="checkbox"/> 3-4 hrs. <input type="checkbox"/> 4-5 hrs. <input type="checkbox"/> 5-6 hrs. <input type="checkbox"/> 6-8 hrs. <input type="checkbox"/> 8-10 hrs. <input type="checkbox"/> > 10 hrs.	<input type="checkbox"/> unknown <input type="checkbox"/> ASA1 (no disturbance) <input type="checkbox"/> ASA2 (mild/moderate) <input type="checkbox"/> ASA3 (severe) <input type="checkbox"/> ASA4 (life threatening) <input type="checkbox"/> ASA5 (moribund)	<input type="checkbox"/> no anterior access <input type="checkbox"/> transoral <input type="checkbox"/> anterior <input type="checkbox"/> anterolateral <input type="checkbox"/> cervicothoracic anterolateral <input type="checkbox"/> cervicothoracic anterolat. w/ sternotomy <input type="checkbox"/> cervicothoracic anterolat. w/ thoracotomy <input type="checkbox"/> thoracotomy <input type="checkbox"/> thoraco-phrenico-lumbotomy <input type="checkbox"/> retroperitoneal <input type="checkbox"/> transperitoneal <input type="checkbox"/> other	<input type="checkbox"/> no posterior access <input type="checkbox"/> midline <input type="checkbox"/> paramedian <input type="checkbox"/> posterolateral <input type="checkbox"/> other	<input type="checkbox"/> endoscope <input type="checkbox"/> MISS/LISS <input type="checkbox"/> loops <input type="checkbox"/> microscope
Blood loss		Technology		
<input type="checkbox"/> unknown <input type="checkbox"/> none <input type="checkbox"/> < 500 ml		<input type="checkbox"/> conventional <input type="checkbox"/> MISS/LISS <input type="checkbox"/> loops <input type="checkbox"/> microscope	<input type="checkbox"/> endoscope <input type="checkbox"/> CASS <input type="checkbox"/> other	

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

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

Decompression		<input type="checkbox"/> discectomy <input type="checkbox"/> vertebrectomy partial <input type="checkbox"/> vertebrectomy full	<input type="checkbox"/> osteotomy <input type="checkbox"/> laminotomy <input type="checkbox"/> hemi-laminectomy	<input type="checkbox"/> laminectomy <input type="checkbox"/> facet joint resection partial <input type="checkbox"/> facet joint resection full	<input type="checkbox"/> flavectomy <input type="checkbox"/> foraminotomy <input type="checkbox"/> sequestrectomy	<input type="checkbox"/> other
Fusion		<input type="checkbox"/> ant. interbody fusion btw. adjacent vertebrae (ant. approach) <input type="checkbox"/> ant. interbody fusion btw. adjacent vertebrae (post. approach) <input type="checkbox"/> ant. interbody fusion btw. distant vertebrae (ant. approach) <input type="checkbox"/> ant. interbody fusion btw. distant vertebrae (post. approach)	<input type="checkbox"/> posterolateral fusion <input type="checkbox"/> posterior fusion <input type="checkbox"/> other	Fusion material		
Stabilization rigid		<input type="checkbox"/> interbody stabil. with cage (ant. approach) <input type="checkbox"/> interbody stabil. with cage (post. approach) <input type="checkbox"/> vertebral body replacement by cage <input type="checkbox"/> plates	<input type="checkbox"/> pedicle screws with rod <input type="checkbox"/> pedicle screws with plate <input type="checkbox"/> facet screws <input type="checkbox"/> transarticular screw	<input type="checkbox"/> laminar hooks with rod <input type="checkbox"/> pedicle hooks with rod <input type="checkbox"/> lateral mass screw with rod <input type="checkbox"/> lateral mass screw with plate	<input type="checkbox"/> odontoid screws <input type="checkbox"/> other	
Stabilization motion preserving		<input type="checkbox"/> disc replacement <input type="checkbox"/> dynamic stabilization	Percutaneous measures	<input type="checkbox"/> kyphoplasty <input type="checkbox"/> vertebroplasty <input type="checkbox"/> other	Other surgical measures (answer question for all procedures)	
			<input type="checkbox"/> facet block <input type="checkbox"/> root block	<input type="checkbox"/> discography <input type="checkbox"/> other	<input type="checkbox"/> no <input type="checkbox"/> yes	

Comments regarding surgical measures

Discharge

Day C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 C13 C14 C15 C16 C17 C18 C19 C20 C21 C22 C23 C24 C25 C26 C27 C28 C29 C30 C31
 Month C1 C2 C3 C4 C5 C6 C7 C8 C9 C10 C11 C12 Year 000 010 020 030 040 050 060 070 080 090 C10 C11 C12 C13 C14 C15 C16

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

Surgical complications		<input type="checkbox"/> none <input type="checkbox"/> wrong level <input type="checkbox"/> nerve root damage <input type="checkbox"/> cauda equina damage <input type="checkbox"/> spinal cord damage	<input type="checkbox"/> bleeding in spinal canal <input type="checkbox"/> bleeding outside spinal canal <input type="checkbox"/> malposition of implant <input type="checkbox"/> duralesion <input type="checkbox"/> wound infection	<input type="checkbox"/> implant failure <input type="checkbox"/> other	General complications
Measures taken		<input type="checkbox"/> none <input type="checkbox"/> intervention during surgery <input type="checkbox"/> re-intervention after surgery <input type="checkbox"/> conservative medical	<input type="checkbox"/> conservative functional <input type="checkbox"/> extended hospital stay <input type="checkbox"/> other	<input type="checkbox"/> none <input type="checkbox"/> anaesthetiological <input type="checkbox"/> cardiovascular <input type="checkbox"/> pulmonary	<input type="checkbox"/> cerebral <input type="checkbox"/> kidney/urinary <input type="checkbox"/> liver/GI <input type="checkbox"/> death <input type="checkbox"/> other
Status of Complications		Surgical <input type="checkbox"/> resolved <input type="checkbox"/> improved <input type="checkbox"/> persisting	General <input type="checkbox"/> resolved <input type="checkbox"/> improved <input type="checkbox"/> persisting	<i>(Only answer this question when an "intervention" or a "re-intervention" is indicated in question "Measures taken".)</i>	
		Surgical intervention/re-intervention			
		<input type="checkbox"/> hematoma evacuation <input type="checkbox"/> abscess drainage <input type="checkbox"/> metal removal	<input type="checkbox"/> re-implantation <input type="checkbox"/> refusion <input type="checkbox"/> suture		
		Comments regarding discharge			
				