### Examination interval
- **before treatment**
- **at discharge** (end of therapy)
- **6 weeks**
- **2 months**
- **3 months**
- **6 months**
- **9 months**
- **1 year**
- **2 years**
- **3 years**
- **4 years**
- **other: ............ years**

### Back problems
Back problems can lead to back pain and/or pain in the legs/buttocks, 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**
   - back pain
   - leg/buttock pain
   - sensory disturbances in the back/leg/buttocks, 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 back pain and for leg pain (sciatica)/buttock pain.**
   - **2a** How severe was your back 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 leg pain (sciatica)/buttock 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 back 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

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**COMI = Core Outcome Measures Index**

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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 back 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 back 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

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

8a. Did any complications arise as a consequence of your treatment in our institution (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 treatment in our institution, have you had any further treatment(s) on your lumbar spine (back) in our or in other institutions?
   - 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 back problem, how satisfied were you with your overall medical care in our institution?
    - very satisfied
    - somewhat satisfied
    - neither satisfied nor dissatisfied
    - somewhat dissatisfied
    - very dissatisfied

11. Overall, how much did the treatment in our institution help your back problem?
    - helped a lot
    - helped
    - helped only little
    - didn't help
    - made things worse

Date
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: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Signature: .......................................................

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