Examination interval

- > before surgery
- > 4 weeks
- > 6 weeks
- > 2 months
- > 3 months
- > 6 months
- > 9 months
- > 1 year
- > 2 years
- > 3 years
- > 4 years
- > 5 years
- > 6 months
- > 9 months
- > 1 year
- > e.g. 4 months
- > 4 months/12 months
- > 0.33 year
- > other: ............ years

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
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 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 lumbar spine (back) **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 back 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 back problem?

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

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| 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 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Year | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

**Signature:** ..........................................................

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