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 \textbf{the most}? Please tick \textbf{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 \textbf{back pain} and for \textbf{leg pain (sciatica)/buttock pain}.

   2a. How severe was your \textbf{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 \textbf{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 \textbf{past week}, how much did your back problem \textbf{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 \textbf{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 \textbf{on the last week}. How would you rate your quality of life?

   - very good
   - good
   - moderate
   - bad
   - very bad

\textbf{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 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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**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 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |

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