

Patient Questionnaire

Modified from Haher, TR, et al. *SPINE*, 24:1435-40, 1999; and Asher, MA, et al. *SPINE*, 25:2581-86, 2000. Used with permission.

To be completed by the PATIENT

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Directions:** We are carefully evaluating the condition of your back, and it is important that you answer each of these questions yourself. Please mark the one best answer to each questions. If you need to change an answer, completely erase the incorrect mark and fill in the correct circle. If you are unsure about how to answer a question, please give the best answer you can.

Today's Date (MM/DD/YY)

/   /

Shade circles like this: ●  
 Not like this: ⊗ ⊕

Please do not mark outside the circles or make stray marks on the questionnaire.

**01. Which one of the following best describes the amount of pain you have experienced during the past 6 months?**

- None
- Moderate to Severe
- Mild
- Severe
- Moderate

**02. Which one of the following best describe the amount of pain you have experiences over the last month?**

- None
- Moderate to Severe
- Mild
- Severe
- Moderate

**03. During the past 6 months have you been a very nervous person?**

- None of the time
- Most of the time
- A little of the time
- All of the time
- Some of the time

**04. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?**

- Very happy
- Somewhat unhappy
- Somewhat happy
- Very unhappy
- Neither happy nor unhappy

**05. What is your surrent level of activity?**

- Bedridden
- Primarily no activity
- Light labor, such as household chores
- Moderate manual labor and moderate sports, such as walking or biking
- Full activities without restriction

**06. How do you look in clothes?**

- Very good
- Bad
- Good
- Very bad
- Fair

**07. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?**

- Very often
- Rarely
- Often
- Never
- Sometimes

**08. Do you experience back pain when at rest?**

- Very often
- Rarely
- Often
- Never
- Sometimes

**09. What is your current level of work/school activity?**

- 100% normal
- 25% normal
- 75% normal
- 0% normal
- 50% normal

**10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities?**

- Very good
- Poor
- Good
- Very poor
- Fair

**11. a. Which of the following best describes your medication usage for your back?**

- None
- Non-narcotics weekly or less (e.g., aspirin, Tylenol, ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less (e.g., Tylenol III, Lorcet, Percocet)
- Other (Specify below)

**b. If 'Other' medication, please specify.**

\_\_\_\_\_

**c. If 'Other' medication, describe your usage.**

- Daily
- Weekly or less

**12. Does your back limit your ability to do things around the house?**

- Never
- Often
- Rarely
- Very often
- Sometimes

**13. Have you felt calm and peaceful during the past 6 months?**

- All of the time
- A little of the time
- Most of the time
- None of the time
- Some of the time

Please continue on next page



14. Do you feel that your back condition affects your personal relationships?

- None
- Slightly
- Mildly
- Moderately
- Severely

15. Are you and/or your family experiencing financial difficulties because of your back?

- Severely
- Moderately
- Mildly
- Slightly
- None

16. In the past 6 months have you felt downhearted and blue?

- Never
- Rarely
- Sometimes
- Often
- Very often

17. In the last 3 months have you taken and sick days from work/school due to back pain, and if so, how many?

- None
- 1
- 2
- 3
- 4 or more

18. Do you go out more or less than your friends?

- Much more
- More
- Same
- Less
- Much less

19. Do you feel attractive with your current back condition?

- Yes, very
- Yes, somewhat
- Neither attractive nor unattractive
- No, not very much
- No, not at all

20. Have you been a happy person during the past 6 months?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

21. Are you satisfied with the results of your back management?

- Very satisfied
- Satisfied
- Neither satisfied or unsatisfied
- Unsatisfied
- Very unsatisfied

22. Would you have the same management again if you had the same condition?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

