Questionnaire for patients who will undergo back surgery



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1108 - Version 3

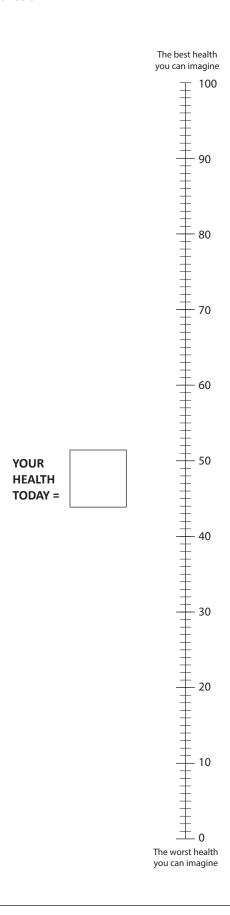
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Patient data	Duration of symptoms
Name Date of birth/ national identity number Address Email Mobile phone number Date of completion	Continuous duration of current back/hip pain (check only one box) I have no back/hip pain Less than 3 months 3–12 months 1–2 years More than 2 years Continuous duration of current radiating pain I have no radiating pain Less than 3 months 3–12 months 1–2 years
Day Month Year	More than 2 years
Do you smoke? Yes No I have smoked before Do you use snuff/snus? Yes No I have used snuff/snus before	Waiting time related to back surgery Waiting time from when you were referred by your GP until an appointment at a specialist outpatient clinic was completed (check only one box)
Height and weights Height (m) Weight (kg)	Less than 3 months 3–6 months 6–12 months More than 1 year
Previous treatments Have you received other treatment for your current problems? Yes No	Waiting time from decision to perform surgery until the operation was completed Less than 3 months 3–6 months 6–12 months More than 1 year
If yes, what effect do you consider the following treatments had on your problems (check) Better Un- Worse	Painkillers Do you use painkillers due to your back and/or leg pain?
Training with physiotherapist Other treatment from the physiotherapist (massage, heat packs, electrotherapy etc.) Manual therapy	Yes No If you answered yes: How often do you use painkillers? (check only one box) Less often than monthly
Psychomotor physiotherapy Chiropractor Multidisciplinary outpatient clinic for back patients or rehabilitation centre Other treatment	Every month Every week Daily Several times a day

How severe was your pain last week?		
How would you grade the pain you have had in your back/hip during the last week? Circle one		
No pain 0 1 2 3 4 5	6 7 8 9 10 Worst pain imaginable	
How would you grade the pain you have had in your leg(s) during the	last week? Circle one	
No pain 0 1 2 3 4 5	6 7 8 9 10 Worst pain imaginable	
Oswestry Low Back Pain Disability Questionnaire:	6. Standing	
This questionnaire has been designed to give us information as	I can stand as long as I want without extra pain	
to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for	I can stand as long as I want but it gives me extra pain	
the statement which best applies to you. We realise you may consid-	Pain prevents me from standing for more than 1 hour	
er that two or more statements in any one section apply but please check the statement which most clearly describes your problem	Pain prevents me from standing for more than 30 minutes	
Pain intensity	Pain prevents me from standing for more than 10 minutes	
I have no pain at the moment	Pain prevents me from standing at all	
The pain is very mild at the moment		
The pain is moderate at the moment	7. Sleeping	
The pain is fairly severe at the moment	My sleep is never disturbed by pain	
The pain is very severe at the moment	My sleep is occasionally disturbed by pain	
The pain is the worst imaginable at the moment	Because of pain I have less than 6 hours sleep	
2. Personal care (washing, dressing etc)	Because of pain I have less than 4 hours sleep	
I can look after myself normally without causing extra pain	Because of pain I have less than 2 hours sleep	
I can look after myself normally but it causes extra pain	Pain prevents me from sleeping at all	
It is painful to look after myself and I am slow and careful	8. Sex life (if applicable)	
I need some help but manage most of my personal care	My sex life is normal and causes no extra pain	
I need help every day in most aspects of self-care	My sex life is normal but causes some extra pain	
I do not get dressed, I wash with difficulty and stay in bed	My sex life is nearly normal but is very painful	
3. Lifting	My sex life is severely restricted by pain	
I can lift heavy weights without extra pain	My sex life is nearly absent because of pain	
I can lift heavy weights but it gives extra pain	Pain prevents any sex life at all	
Pain prevents me from lifting heavy weights off the floor, but I		
can manage if they are conveniently placed eg. on a table Pain prevents me from lifting heavy weights, but I can manage	9. Social life My social life is normal and gives me no extra pain	
light to medium weights if they are conveniently positioned		
I can lift very light weights	My social life is normal but increases the degree of pain	
I cannot lift or carry anything at all	Pain has no significant effect on my social life apart from limit-	
4. Walking	ing my more energetic interests eg, sport	
Pain does not prevent me walking any distance	Pain has restricted my social life and I do not go out as often	
Pain prevents me from walking more than 1 mile (1 ½ km)	Pain has restricted my social life to my home	
Pain prevents me from walking more than 1/2 mile (¾ km)	I have no social life because of pain	
Pain prevents me from walking more than 100 yards (100 m) I can only walk using a stick or crutches		
I am in bed most of the time	10. Travelling I can travel anywhere without pain	
5. Sitting I can sit in any chair as long as I like	I can travel anywhere but it gives me extra pain	
	Pain is bad but I manage journeys over two hours	
I can only sit in my favourite chair as long as I like Pain prevents me sitting more than one hour	Pain restricts me to journeys of less than one hour	
Pain prevents me from sitting more than 30 minutes	Pain restricts me to short necessary journeys under 30 minutes	
Pain prevents me from sitting more than 10 minutes	Pain prevents me from travelling except to receive treatment	
Pain prevents me from sitting at all	- and prevents the front draveling except to receive deadliest	
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Health Questionnaire (EQ-5D) Under each heading, please check the ONE box that best describes your health TODAY. Mobility I have no problems in walking about I have slight problems in walking about I have moderate problems in walking about I have severe problems in walking about I am unable to walk about Self-care I have no problems washing or dressing myself I have slight problems washing or dressing myself I have moderate problems washing or dressing myself I have severe problems washing or dressing myself I am unable to wash or dress myself Usual activities (e.g. work, study, housework, family or leisure 3. activities) I have no problems doing my usual activities I have slight problems doing my usual activities I have moderate problems doing my usual activities I have severe problems doing my usual activities I am unable to do my usual activities Pain/discomfort I have no pain or discomfort I have slight pain or discomfort I have moderate pain or discomfort I have severe pain or discomfort I have extreme pain or discomfort Anxiety/depression I am not anxious or depressed I am slightly anxious or depressed I am moderately anxious or depressed I am severely anxious or depressed I am extremely anxious or depressed

State of health

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.



Pain and work	
In your view, how large is the risk that your current pain may become	ne persistent? Circle one
No risk 0 1 2 3 4 5	5 6 7 8 9 10 Very large risk
In your estimation, what are the chances you will be working your	normal duties in 6 months? Circle one
No chance 0 1 2 3 4 5	6 7 8 9 10 Very large chance
An increase in pain is an indication that I should stop what I'm doing	g until the pain decreases. Circle one
Completely disagree 0 1 2 3 4 5	5 6 7 8 9 10 Completely agree
I should not do my normal work with my present pain. Circle one	
Completely disagree 0 1 2 3 4 5	5 6 7 8 9 10 Completely agree
Marital status	Do you feel that your employer would like to have you
Married/cohabiting Single	back at work?
Difficulty reading and writing	Yes No Do not know
Do you have problems with reading and writing?	Have you applied for a disability pension?
Yes, a great deal Yes, to some extent No	(check only one box)
Work status <u>before</u> surgery	Yes
Check the box that best describes your situation:	No
Working full-time On sick leave	Planning to apply
Working part-time On partial sick leave	
Student/pupil % sick leave	Has already been granted
Retired Work assessment allowance	Have you applied for compensation from an insurance
Unemployed Disability benefit	company including the Norwegian patient injury compensation scheme or occupational injury compensation?
% benefit	(check only one box)
Sick leave	Yes
	No No
Continuous sick leave period for back-related problems Less than 3	Planning to apply
months 3–6 months 6–12 months More than 1 year	Has already been granted
Do you have physically heavy or monotonous work? Circl	e one
Not physically heavy 0 1 2 3 4 5	6 7 8 9 10 Very physically heavy
Not monotonous 0 1 2 3 4 5	6 7 8 9 10 Very monotonous
First language	Ethnic/cultural affiliation
Norwegian Sami	Norway
Other, specify which	Scandinavia outside Norway
Were you born in Norway?	Europe outside Scandinavia
Yes No	Middle East
Education and profession	Asia outside the Middle East
What is your highest level of education completed? (check only one box)	North Africa including the Sahara
Primary school, 7–10 years	Sub-Saharan Africa
Education as skilled worker (Vocational school)	North America
Upper secondary school	South and Central America
University college or university (less than 4 years)	Oceania (Australia, New Zealand and other island communi-
University college or university (4 years or more)	ties)