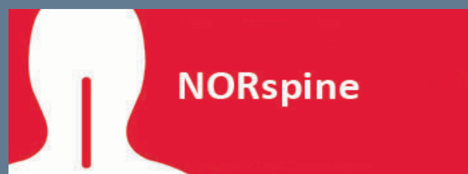
FORM B2:

Questionnaire for patients 3 months after neck surgery



Email: ryggregisteret@unn.no
Website: www.ryggregisteret.no

0510 – Version 2

The purpose of this questionnaire is to give doctors, nurses and physiotherapists a better understanding of the health issues of patients with degenerative conditions in the neck and of the effectiveness and safety of the treatment. Such knowledge can be used to give neck patients a better treatment service in the future.

Date of completion ☐☐ Day ☐☐ Month ☐☐ Year

Back to work, completely or partially?

If yes, enter the date ☐☐ Day ☐☐ Month ☐☐ Year

Duration of sick leave after surgery ☐☐☐ (weeks)

Current work status (check only one box)

- ☐ Currently working
- ☐ On sick leave
- ☐ Homemaker (unpaid)
- ☐ On active sick leave
- ☐ Student/pupil
- ☐ Work assessment allowance
- ☐ Retired
- ☐ Disability benefit
- ☐ Unemployed
- ☐ Disability benefit + sick leave

If you are partially on sick leave or do not have a full disability pension, state per cent

______% sick leave _________% disability benefit

Have you applied for a disability pension? (check only one box)

- ☐ Yes
- ☐ No
- ☐ Planning to apply
- ☐ Has already been granted

Have you applied for compensation from an insurance company, including the Norwegian patient injury compensation scheme or occupational injury compensation? (check only one box)

- ☐ Yes
- ☐ No
- ☐ Planning to apply
- ☐ Has already been granted

What benefit have you experienced from the operation?

- ☐ I am completely well
- ☐ I am much better
- ☐ I am slightly better
- ☐ No change
- ☐ I am slightly worse
- ☐ I am much worse
- ☐ I am worse than ever before

How satisfied are you with treatment you have had at the hospital?

- ☐ Satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Dissatisfied

Reduced strength

If you had reduced strength in your shoulder, arm or hand prior to surgery, has this changed?

- ☐ Has fully recovered
- ☐ Has improved
- ☐ Is unchanged
- ☐ Has worsened

Complications after the procedure? (Check all that apply)

- ☐ Were you treated with antibiotics for urinary tract infection during the 4 weeks after the operation?
- ☐ Were you treated with antibiotics for pneumonia during the 4 weeks after the operation?
- ☐ Have you been diagnosed with deep vein thrombosis within 3 months after the operation and been treated for this?
- ☐ Have you been diagnosed with pulmonary embolism within 3 months after the operation and been treated for this?
- ☐ Were you treated with antibiotics for superficial infection in the surgical wound during the first 4 weeks after the operation?
- ☐ Have you been or were you treated for more than 6 weeks with antibiotics for deep infection in the surgical wound?
- ☐ Have you experienced a new weakening of strength in the arm or leg since the operation?
- ☐ Do you have persistent discomfort when swallowing food and drink since the operation?
- ☐ Do you have persistent problems with your voice since the operation (e.g. hoarseness/weak voice)?

LUNDBLAD MEDIA AS – SVANEGODKJENT TRYKKERI – 241 762 | O-101399

How severe was your pain last week?

How would you grade the pain you have had in your **head** during the last week? Circle one

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

How would you grade the pain you have had in your **neck** during the last week? Circle one

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

How would you grade the pain you have had in your **arm** (one or both) during the last week? Circle one

0 1 2 3 4 5 6 7 8 9 10

No pain — Worst pain imaginable

Where does the pain radiate? (check only one box)

- ☐ In both shoulders/arms
- ☐ Only in one shoulder/arm
- ☐ No radiating pain

How far out does your arm pain radiate? (check only one box)

- ☐ To the shoulder
- ☐ To upper arm/elbow
- ☐ To forearm/wrist
- ☐ To finger(s)
- ☐ No pain in shoulder/arm

Painkillers

Do you use painkillers due to your neck– and/or shoulder pain?

☐ Yes ☐ No

If yes: How often do you use painkillers? (check only one box)

- ☐ Less frequently than every week
- ☐ Every week
- ☐ Daily
- ☐ Several times a day

European Myelopathy Score (EMS)

The scale consists of five questions that shed light on different aspects of spinal cord function. Please answer the questions by checking the boxes that best describe your situation (only one check for each paragraph)

1. Gait function

- ☐ I am unable to walk, and need a wheelchair
- ☐ I can walk on flat ground with a cane or other aid
- ☐ I need a cane or other aid when climbing stairs, but I can walk without support on flat ground
- ☐ I walk clumsily, but do not need an aid
- ☐ I walk normally, even on stairs

2. Hand function

- ☐ It is impossible to write by hand or eat with a knife and fork
- ☐ I have trouble writing by hand or eating with a knife and fork
- ☐ I can write by hand and tie ties and shoelaces, but I do it clumsily
- ☐ I have no difficulty writing

3. Coordination

- ☐ I need aid with getting dressed
- ☐ I can dress myself, but I am clumsy and it goes slowly
- ☐ I have no difficulty getting dressed

4. Bladder and bowel control

- ☐ I have no control over bladder and/or bowel function
- ☐ I have inadequate control over bladder and/or bowel function
- ☐ I have normal bladder and bowel function

5. Numbness/pain

- ☐ I have significant disabling pain
- ☐ I experience numbness and pain, but can live with it
- ☐ I have no numbness or pain

Neck pain disability index (Vernon-Mior)

This questionnaire is designed to give the health care provider information as to how your neck pain has affected your ability to manage in your every day life. In each section, check only the ONE box that applies to you. We realize that you consider that two of the statements in any one section relates to you, but just check the one that most closely describes your problem today.

1. Pain intensity

- [ ] I have no pain at the moment
- [ ] The pain is very mild at the moment
- [ ] The pain is moderate at the moment
- [ ] The pain is fairly severe at the moment
- [ ] The pain is very severe at the moment
- [ ] The pain is the worst pain imaginable at the moment

2. Personal care (e.g., washing, dressing, etc.)

- [ ] I can look after myself normally without causing extra pain
- [ ] I can look after myself, but it causes extra pain
- [ ] It is painful to look after myself and I am slow and careful
- [ ] I need some help but manage most of my personal care
- [ ] I need help every day in most aspects of self-care
- [ ] I do not get dressed; I wash with difficulty and stay in bed

3. Lifting

- [ ] I can lift heavy weights without extra pain
- [ ] I can lift heavy weights, but it gives me extra pain
- [ ] Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (like on a table)
- [ ] Pain prevents me from lifting heavy weights, but I can manage light-to-medium weights if they are conveniently positioned
- [ ] I can lift very light weights
- [ ] I cannot lift or carry anything at all

4. Reading

- [ ] I can read as much as I want with no neck pain
- [ ] I can read as much as I want with slight neck pain
- [ ] I can read as much as I want with moderate neck pain
- [ ] I can't read as much as I want because of moderate neck pain
- [ ] I can hardly read at all because of severe pain in my neck
- [ ] I cannot read at all

5. Headaches

- [ ] I have no headaches at all
- [ ] I have slight headaches that come infrequently
- [ ] I have moderate headaches that come infrequently
- [ ] I have moderate headaches that come frequently
- [ ] I have severe headaches that come frequently
- [ ] I have headaches almost all of the time

6. Concentration

- [ ] I can concentrate fully when I want with no difficulty
- [ ] I can concentrate fully when I want to with slight difficulty
- [ ] I have a fair degree of difficulty concentrating when I want to
- [ ] I have a lot of difficulty concentrating when I want to
- [ ] I have a great deal of difficulty concentrating when I want to
- [ ] I cannot concentrate at all

7. Work

- [ ] I can do as much work as I want
- [ ] I can only do my usual work, but no more
- [ ] I can do most of my usual work, but no more
- [ ] I cannot do my usual work
- [ ] I can hardly do any work at all
- [ ] I cannot do any work at all

8. Driving

- [ ] I can drive my car without any neck pain
- [ ] I can drive my car as long as I want with slight neck pain
- [ ] I can drive my car as long as I want with moderate neck pain
- [ ] I can't drive my car as long as I want because of moderate neck pain
- [ ] I can hardly drive at all because of severe neck pain
- [ ] I can't drive my car at all

9. Sleeping

- [ ] I have no trouble sleeping
- [ ] My sleep is slightly disturbed (less than 1 hour sleepless)
- [ ] My sleep is mildly disturbed (1 to 2 hours sleepless)
- [ ] My sleep is moderately disturbed (2 to 3 hours sleepless)
- [ ] My sleep is greatly disturbed (3 to 5 hours sleepless)
- [ ] My sleep is completely disturbed (5 to 7 hours sleepless)

10. Recreation

- [ ] I am able to engage in all my recreation activities with no neck pain
- [ ] I am able to engage in all my recreation activities with some neck pain
- [ ] I am able to engage in most, but not all, of my usual recreation activities because of neck pain
- [ ] I am able to engage in a few of my usual recreation activities because of neck pain
- [ ] I can hardly do any recreation activities because of neck pain
- [ ] I can't do any recreation activities at all because of neck pain

Health Questionnaire (EQ-5D)

Under each heading, please check the ONE box that best describes your health TODAY.

1. 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

2. 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

3. Usual activities (e.g. work, study, housework, family or leisure 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

4. 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

5. 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.

YOUR HEALTH TODAY = ☐