PATIENT QUESTIONNAIRE - NECK -

Post-op - Dr van Gelder

This is a form with questions to assess how severe your neck symptoms are and the effects of surgery. The information is used for audit (checking quality), estimating prognosis, and research (trying to see if there are better ways to treat back conditions). If you don't want to provide this information please stop! If you have questions then contact Dr van Gelder.

The information will not be supplied to third parties such as your GP, other doctors, insurers, family, solicitors etc.

It is likely that the information will be combined with information from other patients for statistics. Names and contact details will be removed.

It is possible although unlikely that some computer hacker might be able to break into the file where this information is kept. The information will be transferred to a separate isolated storage system within a week or two.

It is possible that a court order may be used to force this information to be released.

The questions come from a large multinational database project ("Spine Tango" can easily be found with Google).

Whether or not you provide this information does not affect treatment.

*Please fill in only **ONE** response for each question.*

Thank you.

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* Required

* *DATE FORM WAS COMPLETED:* ____/____/_____

* FIRST NAME: (first three letters only required) _____

* LAST NAME: (first three letters only required) _____

* DATE OF BIRTH ____/____/_____

TELEPHONE (not essential): _____

EMAIL OR ADDRESS: _____

Gender *

- ○ Male
- ○ Female

Examination Interval: *How long has it been since you had your surgery?*

- ○ Before surgery
- ○ 4 weeks
- ○ 6 weeks
- ○ 2 months
- ○ 3 months
- ○ 6 months
- ○ 1 year
- ○ 18 months
- ○ 2 years
- ○ 3 years
- ○ 4 years
- ○ Other: _____

Which of the following problems troubles you the most? (Please only select ONE response)

- ○ Neck pain
- ○ Arm/shoulder pain
- ○ Sensory disturbances in the neck/arm/shoulder, e.g. tingling, 'pins and needles', numbness
- ○ Weakness of arms or legs
- ○ None of the above

How severe was your neck pain in the last week? *Indicate the severity of your pain where 0 = no pain and 10 = worst pain you can imagine.*

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

How severe was your arm/shoulder pain in the last week? *Indicate the severity of your pain where 0 = no pain and 10 = worst pain you can imagine.*

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

During the past week, how much did your neck problem interfere with your normal work? *Include both work outside the home and housework.*

- ○ Not at all
- ○ A little Bit
- ○ Moderately
- ○ Quite a bit
- ○ Extremely

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

Please reflect on the last week. How would you rate your quality of life?

- ○ Very good
- ○ Good
- ○ Moderate
- ○ Bad
- ○ Very bad

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 neck problem?

- ○ None
- ○ Between 1 and 7 days
- ○ Between 8 and 14 days
- ○ Between 15 and 21 days
- ○ More than 22 days

During the past 4 weeks, how many days did your neck 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 22 days

Did any complications arise as a consequence of your operation in our hospital (e.g. problems with wound healing, paralysis, sensory disturbances)?

- ○ No
- ○ Yes

If you answered yes to the above question then please describe:

How bothersome were these complications?

- ○ Not at all bothersome
- ○ Slightly bothersome
- ○ Moderately bothersome
- ○ Very bothersome
- ○ Extremely bothersome

Since the operation in our hospital, have you had any further operation(s) on your cervical spine (neck) 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)

Over the course of treatment for your neck 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

Overall, how much did the operation in our hospital help your neck problem?

- ○ Helped a lot
- ○ Helped
- ○ Helped only a little
- ○ Didn't help
- ○ Made things worse

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 imaginable at the moment

Personal care (washing, dressing, etc)

- ○ I can look after myself normally without causing extra pain.
- ○ I can look after myself normally but it is very painful.
- ○ 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, wash with difficulty and stay in bed.

Walking

- ○ Pain does not prevent me from walking any distance
- ○ Pain prevents me from walking more than one kilometre.
- ○ Pain prevents me from walking more than a quarter of a kilometre.
- ○ Pain prevents me from walking more than 100 metres.
- ○ I can only walk using a stick or crutches.
- ○ I am in bed most of the time and have to crawl to the toilet.

Lifting

- ○ I can lift heavy weights without extra pain.
- ○ I can lift heavy weights but it gives extra pain.
- ○ Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. 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 only lift very light weights.
- ○ I cannot lift or carry anything at all.

Sitting

- ○ I can sit in any chair as long as I like.
- ○ I can sit in my favourite chair as long as I like.
- ○ Pain prevents me from sitting for more than 1 hour
- ○ Pain prevents me from sitting for more than half an hour.
- ○ Pain prevents me from sitting for more than 10 minutes.
- ○ Pain prevents me from sitting at all.

Standing

- ○ I can stand as long as I want without extra pain.
- ○ I can stand as long as I want but it gives me extra pain.
- ○ Pain prevents me from standing for more than 1 hour.
- ○ Pain prevents me from standing for more than half an hour.
- ○ Pain prevents me from standing for more than 10 minutes.
- ○ Pain prevents me from standing at all.

Sleeping

- ○ My sleep is never disturbed by pain.
- ○ My sleep is occasionally disturbed by pain.
- ○ Because of pain I have less than 6 hours of sleep.
- ○ Because of pain I have less than 4 hours of sleep.
- ○ Because of pain I have less than 2 hours of sleep.
- ○ Pain prevents me from sleeping at all.

Sex life (if applicable)

- ○ My sex life is normal and causes no extra pain.
- ○ My sex life is normal but causes some extra pain.
- ○ My sex life is nearly normal but it is very painful.
- ○ My sex life is severely restricted by pain.
- ○ My sex life is nearly absent because of pain.
- ○ Pain prevents any sex life at all.
- ○ Not Applicable

Social life

- ○ My social life is normal and causes me no extra pain.
- ○ My social life is normal but increases the degree of pain.
- ○ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sports, etc.
- ○ Pain has restricted my social life and I do not go out as often.
- ○ Pain has restricted social life to my home.
- ○ I have no social life because of pain.

Travelling

- ○ I can travel everywhere without pain.
- ○ I can travel everywhere but it gives extra pain.
- ○ Pain is bad but I manage journeys over two hours.
- ○ Pain restricts me to journeys of less than one hour.
- ○ Pain restricts me to short necessary journeys under 30 minutes.
- ○ Pain prevents me from travelling except to receive treatment.

Anxiety/Depression

- ○ I am not anxious or depressed
- ○ I am moderately anxious or depressed
- ○ I am extremely anxious or depressed

Visual analog scale (VAS) regarding health. *Please indicate how good or bad your health is today on this scale with 0 = worst imaginable and 10 = best imaginable.*

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

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

- ○ None
- ○ Mild
- ○ Moderate
- ○ Moderate to severe
- ○ Severe

Which of the following best describes the amount of pain you have experienced over the last month?

- ○ None
- ○ Mild
- ○ Moderate
- ○ Moderate to severe
- ○ Severe

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

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

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

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

What is your current level of activity?

- ○ Bedridden/wheelchair
- ○ Primarily no activity
- ○ Light labour, such as household chores
- ○ Moderate manual labour and moderate sports, such as walking and biking
- ○ Full activities without restriction

How do you look in clothes?

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

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

- ○ Very often
- ○ Often
- ○ Sometimes
- ○ Rarely
- ○ Never

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

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

Which one of the following BEST describes your medication usage for your neck?

- ○ None
- ○ Non-narcotics weekly or less (e.g. Aspirin, Panadol, neurofen, anti-inflamatory (Brufen, Voltaren, Mobic etc))
- ○ Non-narcotics daily (narcotics less than weekly)
- ○ Narcotics weekly or less (Panadeine forte, Digesic, Tramadol, Endone, Oxycontin, Patches, etc) (in addition to non narcotics)
- ○ Narcotics daily
- ○ Other _____

Does your neck limit your ability to do things around the house?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very Often

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

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

Do you feel that your neck condition affects your personal relationships?

- ○ None
- ○ Slightly
- ○ Mildly
- ○ Moderately
- ○ Severely

Are you and/or your family experiencing financial difficulties because of your neck?

- ○ Severely
- ○ Moderately
- ○ Mildly
- ○ Slightly
- ○ None

In the past 6 months have you felt down hearted and blue?

- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Often
- ○ Very often

In the last 3 months have you taken any sick days from work/school due to neck pain and if so how many?

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4 or more
- ○ Non applicable

Do you go out more or less than your friends?

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

Do you feel attractive?

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

Have you ever 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

Are you satisfied with the results of your neck management?

- ○ Very satisfied
- ○ Satisfied
- ○ Neither satisfied nor unsatisfied
- ○ Unsatisfied
- ○ Very unsatisfied

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

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

Please comment if you wish:

Are you finished? *

- ○ Yes