

We would like to evaluate the quality of our treatment and need your support to do so.  
 We therefore ask you to complete this questionnaire before and after your operation.

Patient label / Patient ID	Survey before or after the operation (please mark)	<input type="radio"/> before	<input type="radio"/> after
	completed on (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
	Patient's signature	<input type="text"/>	

**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.

For the following 2 questions we would like you to indicate the severity of your pain, by choosing a point between 0 and 10 (where “0” = no pain, “10” = the worst pain you can imagine). There are separate questions for **back pain** and for **leg pain (sciatica)/buttock pain**.

1. How severe was your **back pain** in the last week?

no pain worst pain I can imagine

0    1    2    3    4    5    6    7    8    9    10

2. How severe was your **leg pain (sciatica)/buttock pain** in the last week?

no pain worst pain I can imagine

0    1    2    3    4    5    6    7    8    9    10

3. During the **past week**, how much did your back problem **interfere with your normal work** (including both work outside the home and housework)?

not at all   a little bit   moderately   quite a bite   extremely

4. 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

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

very good   good   moderate   bad   very bad

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Questions 8 - 11 are only to be answered in the patient survey 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	if yes, please describe these
<input type="radio"/>	<input type="radio"/>	<input style="width: 500px; height: 40px;" type="text"/>

**8b. If yes clicked in question 8, how bothersome were these complications?**

not at all bothersome	slightly bothersome	moderately bothersome	very bothersome	extremely bothersome
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. Since the operation in our hospital, have you had any further operation(s) on your middle/lower back in our or in other hospitals?**

no	yes, but a different level of the spine	yes, at the same level of the spine (same segment)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 12. 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 13. Self-care

I have no problems washing or dressing myself	I have slight problems in 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 14. 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 15. 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

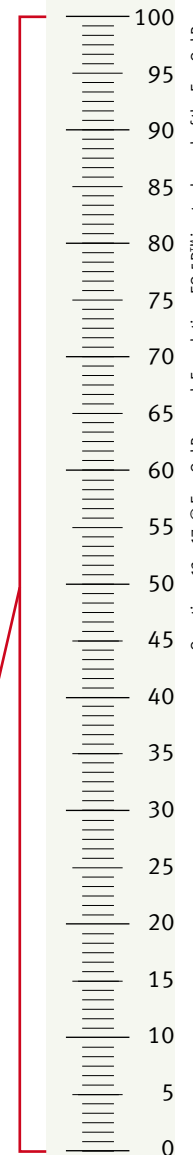
### 16. Anxiety / depression

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 17. We would like to know how good or bad your health is **TODAY**.

On the right you will see a scale numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine. Please indicate on the scale how your health is TODAY.

The best health you can imagine



Your health today

The worst health you can imagine

### 18. Your level of education (to be answered only once, in the patient survey before the operation)

up to 9 years of education (compulsory education)	10 to 13 years of training (vocational education, secondary school, high school)	more than 13 years of education (university, polytechnic, college of higher education, federal institute of technology)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>