



Form 1: Patient Survey

Last Name

First Name

MI

Last 4 of Social Security

Date of Birth (MM/DD/YYYY)

Male

Female

1. What are your goals and how are you working toward them?

My goal is to eventually be able to return to the following activities:

- Walking Running Hiking Shopping
- Golfing Tennis Weight lifting Swimming
- Basketball Yoga Other: _____

AND The following is how I am working toward these goals:

2. What are your goals/questions/concerns for this visit?

3. What new treatments/significant events have occurred since your last office visit?

6. Since your last office visit, have you been admitted to the hospital or had any operations?

- No Yes: Please provide a brief description including the date of the event.

DD/MM/YYYY

FOR OFFICE USE ONLY

Pre-Op Assessment: Enroll this patient into surgical registry

Registry ID:

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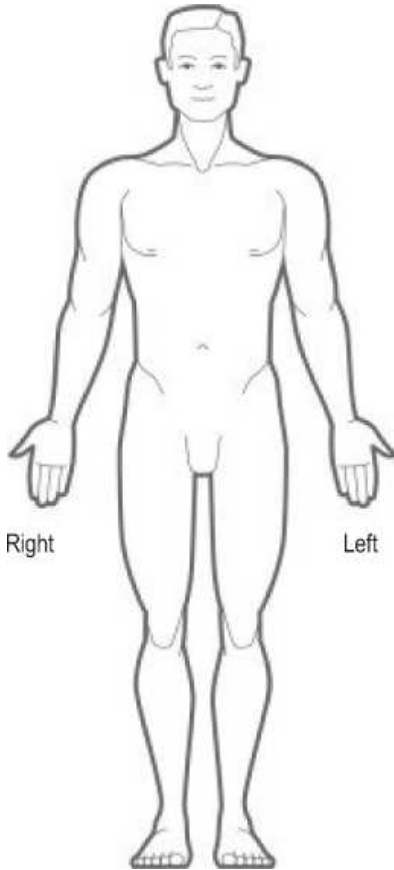
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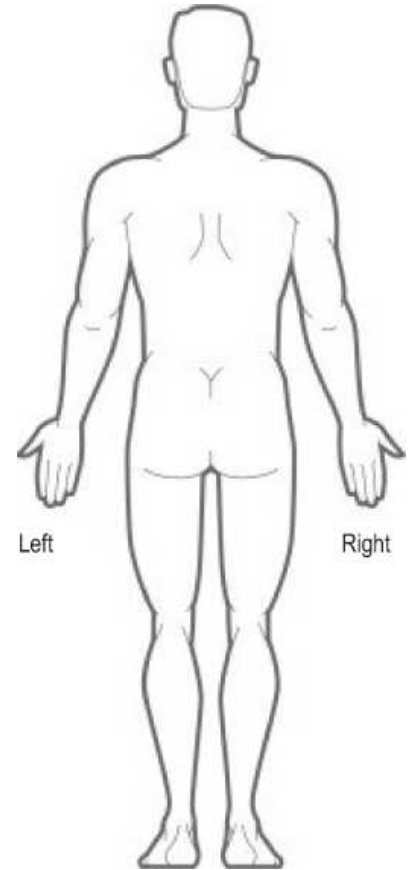
Front



Right

Left

Back



Left

Right

Where is your pain?

Use the body diagram to show where you feel the following sensations.

If you are completing this online, use the add text tool.

Ache	AAA
Numbness	000
Burning	XXX
Stabbing	///
Pins and Needles	---

On a scale from 0 to 10, with 0 being none and 10 being unbearable, please mark your level of pain/discomfort for each of these areas by placing an "x" in the box of the best answer.
 (Mark **only one** box for each scale)

____ Neck Pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

____ Right Arm Pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

____ Left Arm Pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

____ Back Pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

____ Right Leg Pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10

____ Left Leg Pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10



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If you have **low back pain**, please answer the following questions by placing an "x" in the box of the best answer.
 (Mark **only one** box for each question)

**** FOR LOW BACK PAIN****

 01. 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.

 02. Personal Care (e.g. washing, dressing, etc.)

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

 03. 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. (i.e. 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 only very light weights.
- I cannot lift or carry anything at all.

 04. Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can only walk using a stick or crutches.
- I am in bed most of the time, and have to crawl to the toilet.

 05. Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than thirty minutes.
- Pain prevents me from sitting more than ten minutes.
- Pain prevents me from sitting at all.

 06. Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives extra pain.
- Pain prevents me from standing more than one hour.
- Pain prevents me from standing more than thirty minutes.
- Pain prevents me from standing more than ten minutes.
- Pain prevents me from standing at all.

 07. Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using tablets.
- Even when I take tablets, I have less than six hours sleep.
- Even when I take tablets, I have less than four hours sleep.
- Even when I take tablets, I have less than two hours sleep.
- Pain prevents me from sleeping at all.

 08. Employment/Homemaking

- My normal homemaking/job activities do not cause pain.
- My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities. (E.g. lifting, vacuuming).
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chores.

 09. Social Life

- My social life is normal, and gives 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 energetic interests. (E.g. dancing, etc.).
- Pain has restricted my social life, and I do not go out as often.
- Pain has restricted my social life to home.
- I have no social life because of pain.

 10. Traveling

- I can travel anywhere without extra pain.
- I can travel anywhere, but it gives extra pain.
- Pain is bad, but I manage journeys over two hours.
- Pain restricts me to journeys less than one hour.
- Pain restricts me to short journeys under thirty minutes.
- Pain prevents me from traveling, except to the doctor or hospital.



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If you have **neck pain**, please answer the following questions by placing an "x" in the box of the best answer.
 (Mark **only one** box for each question)

**** FOR NECK PAIN****

- ___01. 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.

- ___02. Personal Care (e.g. washing, dressing, etc.)
 - I can look after myself normally without it causing extra pain.
 - I can look after myself normally, 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, wash with difficulty and stay in bed.

- ___03. 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. (I.e. 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 only very light weights.
 - I cannot lift or carry anything at all.

- ___04. Reading
 - I can read as much as I want to, with no pain in my neck.
 - I can read as much as I want to, with slight pain in my neck.
 - I can read as much as I want to, with moderate pain in my neck.
 - I can't read as much as I want because of moderate pain in my neck.
 - I can hardly read at all because of severe pain in my neck.
 - I cannot read at all because of pain in my neck.

- ___05. Headaches
 - I have no headaches at all.
 - I have slight headaches, which come infrequently.
 - I have moderate headaches, which come infrequently.
 - I have moderate headaches, which come frequently.
 - I have severe headaches, which come frequently.
 - I have headaches almost all the time.

- ___06. Concentration
 - I can concentrate fully when I want to, without difficulty.
 - I can concentrate fully when I want to, with slight difficulty.
 - I have a fair degree of difficulty in 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.

- ___07. Work
 - I can do as much work as I want to.
 - 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.

- ___08. Driving
 - I can drive my car without any neck pain.
 - I can drive my car as long as I want with slight pain in my neck.
 - I can drive my car as long as I want with moderate pain in my neck.
 - I can't drive my car as long as I want because of moderate pain in my neck.
 - I can hardly drive at all because of severe pain in my neck.
 - I can't drive my car at all.

- ___09. Sleeping
 - I have no trouble sleeping.
 - My sleep is slightly disturbed (less than 1 hour sleepless).
 - My sleep is mildly disturbed (1-2 hours sleepless).
 - My sleep is moderately disturbed (2-3 hours sleepless).
 - My sleep is greatly disturbed (3-5 hours sleepless).
 - My sleep is completely disturbed (5-7 hours sleepless).

- ___10. Recreation
 - I am able to engage in all of my recreational activities with no pain at all.
 - I am able to engage in all of my recreational activities with some pain in my neck.
 - I am able to engage in most, but not all of my recreational activities because of pain in my neck.
 - I am able to engage in a few of my recreational activities because of pain in my neck.
 - I can hardly do any recreational activities because of pain in my neck.
 - I cannot do any recreational activities at all.



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Please answer the following questions by placing an "x" in the box of the best answer.
(Mark **only one** box for each question)

 01. **Mobility**

- I have no problems walking about.
- I have some problems walking about.
- I am confined to bed.

 02. **Self-Care**

- I have no problems with self-care.
- I have some problems washing or dressing myself.
- I am not able to wash or dress myself.

 03. **Usual activities (work, family/leisure activities)**

- I have no problems with performing my usual activities.
- I have some problems with performing my usual activities.
- I am unable to perform my usual activities.

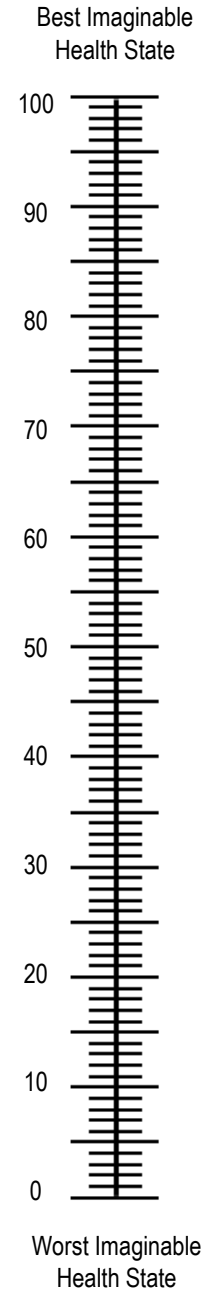
 04. **Pain/Discomfort**

- I have no pain or discomfort.
- I have moderate pain or discomfort.
- I have extreme pain or discomfort.

 05. **Anxiety/Depression**

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

On a scale of 0 to 100, with 0 being your worst imaginable health state and 100 being your best imaginable health state, please indicate your **current health state** by placing an x on a point on the scale to the right.
(Similar to a thermometer)





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Modified Japanese Orthopaedic Association Score

Motor dysfunction score of the upper extremities

- 0 Inability to move hands
- 1 Inability to eat with a spoon, but able to move hands
- 2 Inability to button shirt, but able to eat with a spoon
- 3 Able to button shirt with great difficulty
- 4 Able to button shirt with slight difficulty
- 5 No dysfunction

Motor dysfunction score of the lower extremities

- 0 Complete loss of motor and sensory function
- 1 Sensory preservation without ability to move legs
- 2 Able to move legs, but unable to walk
- 3 Able to walk on flat floor with a walking aid (i.e., cane or crutch)
- 4 Able to walk up and/or down stairs with hand rail
- 5 Moderate to significant lack of stability, but able to walk up and/or down stairs without hand rail
- 6 Mild lack of stability but walks with smooth reciprocation unaided
- 7 No dysfunction

Sensory dysfunction score of the upper extremities

- 0 Complete loss of hand sensation
- 1 Severe sensory loss or pain
- 2 Mild sensory loss
- 3 No sensory loss

Sphincter dysfunction score

- 0 Inability to micturate voluntarily
- 1 Marked difficulty with micturition
- 2 Mild to moderate difficulty with micturition
- 3 Normal micturition