



OADC SPINE FOLLOW UP QUESTIONNAIRE

Patient Name: _____ DOB: _____ Age: _____
 Allscripts#: _____ EMR#: _____

1. Please circle the number which best describes your current pain level.
 (0 represents no pain 10 is the worst pain you can imagine)
 0 1 2 3 4 5 6 7 8 9 10

IF YOU HAVE BACK PROBLEMS

2. In the past week how often have you suffered from the following:
 (circle one number in response to each of the following questions)

	None of the time	A little of the time	Some of the time	A good bit of time	Most of the time	All of the time
Low back pain including buttocks	1	2	3	4	5	6
Leg pain	1	2	3	4	5	6
Numbness/Tingling in the leg and/or foot	1	2	3	4	5	6
Weakness in leg and/or foot (ex. Lifting foot)	1	2	3	4	5	6

3. In the past few weeks how bothersome have these symptoms been:
 (circle one number in response to each of the following questions)

	Not at all	Slightly	Somewhat	Very	Extremely
Low back pain including buttocks	1	2	3	4	5
Leg pain	1	2	3	4	5
Numbness/Tingling in the leg and/or foot	1	2	3	4	5
Weakness in leg and/or foot (ex. Lifting foot)	1	2	3	4	5

IF YOU HAVE NECK PROBLEMS

4. In the past week how often have you suffered from the following:
 (circle one number in response to each of the following questions)

	None of the time	A little of the time	Some of the time	A good bit of time	Most of the time	All of the time
Neck pain	1	2	3	4	5	6
Arm pain	1	2	3	4	5	6
Numbness/Tingling in the arm and/or hand	1	2	3	4	5	6
Weakness in arm and/or hand	1	2	3	4	5	6

5. In the past week how bothersome have these symptoms been:
(circle one number in response to each of the following questions)

	Not at all	Slightly	Somewhat	Very	Extremely
Neck pain	1	2	3	4	5
Arm pain	1	2	3	4	5
Numbness/Tingling in the arm and/or hand	1	2	3	4	5
Weakness in arm and/or hand	1	2	3	4	5

- During the last week how frequently have you been taking:
(circle one number in response to each of the following questions)

	3 or more times a day	Once or twice a day	Once every couple of days	Once a week	Not at all
Narcotic medication for your spine pain (such as Codeine, Percodan, Vicodin)	1	2	3	4	5
Non-narcotic medication such as Motrin, Tylenol, aspirin)	1	2	3	4	5
Muscle relaxers (such as Valium, Ativan, Meprobamate)	1	2	3	4	5

Please tell us how pain has affected your ability to perform the following daily activities during the last week, marking the one statement that best describes your average ability.

6. Dressing (in the last week)

1. I can usually dress myself without pain
 2. I can myself without increasing pain
 3. I can myself but pain increases
 4. I can myself but have significant pain
 5. I cannot dress myself

7. Lifting (in the last week)

1. I can lift heavy objects without pain
 2. I can lift heavy objects but it is painful
 3. Pain prevents me from lifting heavy objects off the floor but I can manage if they are on a table.
 4. Pain prevents me from lifting heavy objects off the floor but I can manage light to medium objects if they are on a table.
 5. I can only lift light objects
 6. I cannot lift anything

8. Walking (in the last week)

1. Pain doesn't prevent me from walking
 2. Pain prevents me from walking more than one hour
 3. Pain prevents me from walking more than 30 minutes
 4. Pain prevents me from walking more than 10 minutes
 5. I can only walk a few steps at a time
 6. I am unable to walk

9. Sitting (in last week)

1. I can sit in any chair as long as I like
 2. I can only sit in a special chair for as long as I like
 3. Pain prevents me from sitting more than one hour
 4. Pain prevents me from sitting more than 30 minutes
 5. Pain prevents me from sitting more than a few minutes
 6. Pain prevents me from sitting at all

10. Standing (in last week)

- 1. I can stand as long as I want
- 2. I can stand as long as I want but it gives me pain
- 3. Pain prevents me from standing more than one hour
- 4. Pain prevents me from standing more than 30 minutes
- 5. Pain prevents me from standing more than a few minutes
- 6. Pain prevents me from standing at all

11. Sleeping (in the last week)

- 1. I sleep well
- 2. Pain occasionally interrupts my sleep
- 3. Pain interrupts my sleep half of the time
- 4. Pain often interrupts my sleep
- 5. Pain always interrupts my sleep
- 6. I never sleep well

12. Social and recreational life (in the last week)

- 1. My social and recreational life is unchanged
- 2. My social and recreational life is unchanged but it increases pain
- 3. My social and recreational life is unchanged but it severely increases pain
- 4. Pain has restricted my social and recreational life
- 5. Pain has severely restricted my social and recreational life
- 6. I have essentially no social or recreational life because of pain

TREATMENT OUTCOMES

13. Right now, how important are the following treatment outcomes for you?
(circle one number in response to each of the following questions)

	Not important	Slightly Important	Somewhat Important	Very Important	Extremely Important
Pain relief	1	2	3	4	5
To be able to do more everyday, household or yard activities	1	2	3	4	5
To be able to sleep more comfortably	1	2	3	4	5
To be able to go back to my usual job	1	2	3	4	5

Other (please explain): _____

14. Indicate the result of the following treatments on your spinal problems.

(circle one number in response to each of the following questions)

	Helpful	Not Helpful	Worse	Never Tried
Hot Packs	1	2	3	4
Ice	1	2	3	4
Physical Therapy	1	2	3	4
Chiropractic	1	2	3	4
Acupuncture	1	2	3	4
Traction	1	2	3	4
Brace Support	1	2	3	4
TENS	1	2	3	4
Epidural injection	1	2	3	4
Facet Injection	1	2	3	4

15. If you had back pain, how has your back pain been affected by the treatment?

(check only one statement)

- 1. I did not have back pain to start with
- 2. The pain is totally gone
- 3. The pain is much better than before treatment
- 4. The pain is somewhat better than before treatment
- 5. The pain is about the same as before treatment
- 6. The pain is somewhat worse than before treatment
- 7. The pain is much worse than before treatment

17. If you had leg pain, how has your leg pain been affected by the treatment?

(check only one statement)

- 1. I did not have leg pain to start with
- 2. The pain is totally gone
- 3. The pain is much better than before treatment
- 4. The pain is somewhat better than before treatment
- 5. The pain is about the same as before treatment
- 6. The pain is somewhat worse than before treatment
- 7. The pain is much worse than before treatment

18. If you had neck pain, how has your neck pain been affected by the treatment?

(check only one statement)

- 1. I did not have neck pain to start with
- 2. The pain is totally gone
- 3. The pain is much better than before treatment
- 4. The pain is somewhat better than before treatment
- 5. The pain is about the same as before treatment
- 6. The pain is somewhat worse than before treatment
- 7. The pain is much worse than before treatment

19. If you had arm pain, how has your arm pain been affected by the treatment?

(check only one statement)

- 1. I did not have arm pain to start with
- 2. The pain is totally gone
- 3. The pain is much better than before treatment
- 4. The pain is somewhat better than before treatment
- 5. The pain is about the same as before treatment
- 6. The pain is somewhat worse than before treatment
- 7. The pain is much worse than before treatment

IF YOU HAD SPINE SURGERY

20. After your most recent surgery, did you return to work?

- 1. No
- 2. Yes, with limitations
- 3. Yes, with no limitations
- 4. Never stopped working
- 5. Did not work A. Homemaker C. Retired
 B. Student D. Other _____

21. After your most recent surgery, did you return to full function?

- 1. No
- 2. Yes

22. Has the treatment for your spine condition met your expectations so far?

(check only one statement)

- 1. Yes, totally
- 2. Yes, almost totally
- 3. Yes, quite a bit
- 4. More or less
- 5. No, not quite
- 6. No, far from it
- 7. No, not at all

23. Would you have the same treatment again if you had the same condition?

(check only one statement)

- 1. Definitely not
- 2. Probably not
- 3. Not sure
- 4. Probably yes
- 5. Definitely yes

24. If you had to spend the rest of your life with your spine condition as it is right now, how would you feel about it?

(check only one statement)

- 1. Extremely dissatisfied
- 2. Very dissatisfied
- 3. Somewhat dissatisfied
- 4. Neutral
- 5. Somewhat satisfied
- 6. Extremely satisfied

25. How would you rate:

(circle one number in response to each of the following questions)

	Excellent	Very Good	Good	Fair	Terrible
The information you were given about your back condition	1	2	3	4	5
The overall results of your treatment for back or leg pain	1	2	3	4	5
The overall results of your treatment for neck or arm pain	1	2	3	4	5

Thank you for your help. Please take a moment to go over the questionnaire to make sure that you have not missed any pages or questions.

<p><i>Pain Intensity</i></p> <p>A I have no pain at the moment. B The pain is very mild at the moment. C The pain is moderate at the moment. D The pain is fairly severe at the moment. E The pain is very severe at the moment. F The pain is the worst imaginable at the moment.</p>	<p><i>Concentration</i></p> <p>A I can concentrate fully when I want to with no difficulty. B I can concentrate fully when I want to with slight difficulty. C I have a fair degree of difficulty in concentrating when I want to. D I have a lot of difficulty in concentrating when I want to. E I have a great deal of difficulty in concentrating when I want to. F I cannot concentrate at all.</p>
<p><i>Personal Care (Washing, Dressing, etc.)</i></p> <p>A I can look after myself normally without causing extra pain. B I can look after myself normally, but it causes extra pain. C It is painful to look after myself and I am slow and careful. D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.</p>	<p><i>Work</i></p> <p>A I can do as much work as I want to. B I can only do my usual work, but no more. C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.</p>
<p><i>Lifting</i></p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights, but it gives extra pain. C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E I can lift very light weights. F I cannot lift or carry anything at all.</p>	<p><i>Driving</i></p> <p>A I can drive my car without any neck pain. B I can drive my car as long as I want with slight pain in my neck. C I can drive my car as long as I want with moderate pain in my neck. D I cannot drive my car as long as I want because of moderate pain in my neck. E I can hardly drive at all because of severe pain in my neck. F I cannot drive my car at all.</p>
<p><i>Reading</i></p> <p>A I can read as much as I want to with no pain in my neck. B I can read as much as I want to with slight pain in my neck. C I can read as much as I want to with moderate pain in my neck. D I cannot read as much as I want because of moderate pain in my neck. E I cannot read as much as I want because of severe pain in my neck. F I cannot read at all.</p>	<p><i>Sleeping</i></p> <p>A I have no trouble sleeping. B My sleep is slightly disturbed (less than 1 hour sleepless). C My sleep is mildly disturbed (1-2 hours sleepless). D My sleep is moderately disturbed (2-3 hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). F My sleep is completely disturbed (5-7 hours)</p>
<p><i>Headaches</i></p> <p>A I have no headaches at all. B I have slight headaches which come infrequently. C I have moderate headaches which come infrequently. D I have moderate headaches which come frequently. E I have severe headaches which come frequently. F I have headaches almost all the time.</p>	<p><i>Recreation</i></p> <p>A I am able to engage in all of my recreational activities with no neck pain at all. B I am able to engage in all of my recreational activities with some pain in my neck. C I am able to engage in most, but not all of my recreational activities because of pain in my neck. D I am able to engage in a few of my recreational activities because of pain in my neck. E I can hardly do any recreational activities because of pain in my neck. F I cannot do any recreational activities at all.</p>

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

SCORING TECHNIQUE FOR NECK DISABILITY INDEX
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1. Each of the 10 sections is scored separately (0 to 5 points each) and then added up (max. total = 50).

EXAMPLE:

Section 1. Pain Intensity Point Value

- A. _____ I have no pain at the moment 0
- B. _____ The pain is very mild at the moment 1
- C. _____ The pain is moderate at the moment 2
- D. _____ The pain is fairly severe at the moment 3
- E. _____ The pain is very severe at the moment 4
- F. _____ The pain is the worst imaginable 5

2. If all 10 sections are completed, simply double the patients score.

3. If a section is omitted, divide the patient's total score by the number of sections completed times 5.

FORMULA: PATIENT'S SCORE X 100 = _____ % DISABILITY
OF SECTIONS COMPLETED X 5

EXAMPLE:

If 9 of 10 sections are completed, divide the patient's score by 9 X 5 = 45; if.....

Patient's Score: 22

Number of sections completed: 9 (9 X 5 = 45)

22/45 X 100 = 48 % disability

Reference: Fairbanks CT, Couper C, Davies JB, O'Brien JP. The Oswestry low back pain disability questionnaire. *Physio Ther* 1980;66:271-273.