

Patient Follow-up Questionnaires for Endoscopic Rhizotomy Study

Instructions: Please complete the following forms and return to:

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If you have any questions, please call Adaire at (225)766-0050 ext. 5096. Thank you for your participation!

Patient Name _____

Date _____

Visual Analog Scale

Instructions: Please mark a vertical line indicating your back pain on average over the past week.

How severe is your Pain?

No Pain Worst Pain

Oswestry Disability Index Questionnaire

Please answer **every section**. Mark **one box only** in each section that most closely describes you **today**.

<p>SECTION 1 – Pain Intensity</p> <p><input type="checkbox"/> I have no pain at this moment.</p> <p><input type="checkbox"/> The pain is very mild at the moment.</p> <p><input type="checkbox"/> The pain is moderate at the moment.</p> <p><input type="checkbox"/> The Pain is fairly severe at the moment.</p> <p><input type="checkbox"/> The pain is the worst imaginable at the moment.</p>	<p>SECTION 6 – Standing</p> <p><input type="checkbox"/> I can stand as long as I want without extra pain.</p> <p><input type="checkbox"/> I can stand as long as I want but it gives me extra pain.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than ½ hour.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 10 minutes.</p> <p><input type="checkbox"/> Pain prevents me from standing at all.</p>
<p>SECTION 2 – Personal Care (washing, dressing, etc.)</p> <p><input type="checkbox"/> I can look after myself normally without causing extra pain.</p> <p><input type="checkbox"/> I can look after myself but it is very painful.</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> I need some help but manage most of my personal care.</p> <p><input type="checkbox"/> I need help every day with most aspects of self care.</p> <p><input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed.</p>	<p>SECTION 7 – Sleeping</p> <p><input type="checkbox"/> My sleep is never disturbed by pain.</p> <p><input type="checkbox"/> My sleep is occasionally disturbed by pain.</p> <p><input type="checkbox"/> Because of pain I have less than 6 hours sleep.</p> <p><input type="checkbox"/> Because of pain I have less than 4 hours sleep.</p> <p><input type="checkbox"/> Because of pain I have less than 2 hours sleep.</p> <p><input type="checkbox"/> Pain prevents me from sleeping at all.</p>
<p>SECTION 3 – Lifting</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights, but it causes extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned .</p> <p><input type="checkbox"/> I can only lift very light weights, at the most.</p> <p><input type="checkbox"/> I cannot lift or carry anything.</p>	<p>SECTION 8 – Sex Life (if applicable)</p> <p><input type="checkbox"/> My sex life is normal and causes me no extra pain</p> <p><input type="checkbox"/> My sex life is normal, but causes some extra pain.</p> <p><input type="checkbox"/> My sex life is nearly normal but is very painful.</p> <p><input type="checkbox"/> My sex life is severely restricted by pain.</p> <p><input type="checkbox"/> My sex life is nearly absent because of pain.</p> <p><input type="checkbox"/> Pain prevents any sex life at all.</p>
<p>SECTION 4 – Walking</p> <p><input type="checkbox"/> Pain does not prevent me from walking any distance.</p> <p><input type="checkbox"/> Pain prevents me from walking more than 1 mile.</p> <p><input type="checkbox"/> Pain prevents me from walking more than ¼ mile.</p> <p><input type="checkbox"/> Pain prevents me from walking more than 100 yards.</p> <p><input type="checkbox"/> I can only walk while using a stick or crutches.</p> <p><input type="checkbox"/> I am in bed most of the time.</p>	<p>SECTION 9 – Social Life</p> <p><input type="checkbox"/> My social life is normal and causes me no extra pain.</p> <p><input type="checkbox"/> My social life is normal, but increases the degree of pain.</p> <p><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sports, etc.</p> <p><input type="checkbox"/> Pain has restricted my social life and I do not go out as often.</p> <p><input type="checkbox"/> I have no social life because of the pain.</p>
<p>SECTION 5 – Sitting</p> <p><input type="checkbox"/> I can sit in any chair as long as I want.</p> <p><input type="checkbox"/> I can only sit in my favorite chair as long as I want.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than ½ hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 10 minutes.</p> <p><input type="checkbox"/> Pain prevents me from sitting at all.</p>	<p>SECTION 10 – Traveling</p> <p><input type="checkbox"/> I can travel anywhere without pain.</p> <p><input type="checkbox"/> I can travel anywhere but it gives me extra pain.</p> <p><input type="checkbox"/> Pain is bad but I can manage journeys over 2 hours.</p> <p><input type="checkbox"/> Pain restricts me to journeys of less than 1 hour.</p> <p><input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes.</p> <p><input type="checkbox"/> Pain prevents me from traveling except to receive treatment.</p>