

Patient Name \_\_\_\_\_

Dear Patient:

The following questions will help us tell how your neck is doing. Please answer all the questions to the best of your ability.

You may give the completed questionnaire to the Receptionist or Medical Assistant. Thank you in advance for your cooperation.

Please indicate the amount of time since your surgery:

6 weeks \_\_\_\_\_ 3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year \_\_\_\_\_  
2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years \_\_\_\_\_ 5 years \_\_\_\_\_

## HEALTH STATUS QUESTIONNAIRE (SF-36) Page 1 of 2

The following questions refer to your health in general, including, but not limited to, your back or neck.

1. In general, would you say your health is: (mark only one)

Excellent     Very Good     Good     Fair     Poor

2. **Compared to one year ago**, how would you rate your health in general **now**? (mark only one)

Much better than 1 year ago     Somewhat better than 1 year ago     About the same as 1 year ago     Somewhat worse than 1 year ago     Much worse than 1 year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Fill in only one circle on each line.)

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited
3. <b>Vigorous activities</b> such as running, lifting heavy objects or participating in strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <b>Moderate activities</b> such as moving a table, pushing a vacuum cleaner, bowling or golf.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lifting or carrying groceries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Climbing <b>several</b> flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Climbing <b>one</b> flight of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bending, kneeling, or stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Walking <b>more than a mile</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking <b>several blocks</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking <b>one block</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (Fill in only one circle on each line.)

	Yes	No
13. Cut down on the <b>amount of time</b> you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>
14. <b>Accomplished less</b> than you would like.	<input type="radio"/>	<input type="radio"/>
15. Were limited in the <b>kind</b> of work or other activities.	<input type="radio"/>	<input type="radio"/>
16. Had difficulty performing the work or other activities (e.g. took extra effort)	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, have you had any of the following problems with your regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (Fill in only one circle on each line.)

	Yes	No
17. Cut down the <b>amount of time</b> you spent on work or other activities?	<input type="radio"/>	<input type="radio"/>
18. <b>Accomplished less</b> than you would like?	<input type="radio"/>	<input type="radio"/>
19. Didn't do work or other activities as <b>carefully</b> as usual?	<input type="radio"/>	<input type="radio"/>

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20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (mark only one)  
 Not at all     Slightly     Moderately     Quite a bit     Extremely
21. How much **bodily** pain have you had during the **past 4 weeks**? (mark only one)  
 None     Very Mild     Mild     Moderate     Severe     Very Severe
22. During the **past 4 weeks** how much did **pain** interfere with your normal work (including both work outside the home and housework)? (mark only one)  
 Not at all     A little bit     Moderately     Quite a bit     Extremely

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much time **during the past 4 weeks**... (Fill in only one circle on each line.)

	<b>All of the Time</b>	<b>Most of the Time</b>	<b>A Good Bit of the Time</b>	<b>Some of the Time</b>	<b>A Little of the Time</b>	<b>None of the Time</b>
23. Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Did you feel full of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends and relatives, etc.)? (mark only one)

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

How **TRUE** or **FALSE** is **each** of the following statements for you? (Fill in only one circle on each line.)

	<b>Definitely True</b>	<b>Mostly True</b>	<b>Don't Know</b>	<b>Mostly False</b>	<b>Definitely False</b>
33. I seem to get sick a little easier than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I expect my health to get worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Neck Disability Index

**Please read:** This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the ONE box which applies to you. We realize you may consider that two of the statements in any one section related to you, but please just mark the box which most closely describes your problem.

## Section 1 – 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

## Section 2 – Personal Care (Washing, Dressing, etc.)

- I can look after myself normally without 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, I wash with difficulty and stay in bed

## Section 3 – 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 lift very light weights.
- I cannot lift or carry anything at all.

## Section 4 – 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 pain in my neck
- I can hardly read at all because of severe pain in my neck
- I cannot read at all

## Section 5 – 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

**Patient Signature** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 6 – Concentration

- I can concentrate fully when I want to with no 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 in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

## Section 7 – 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

## Section 8 – 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 cannot 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 cannot drive my car at all

## Section 9 – Sleeping

- I have no problem 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 (3-6 hours sleepless)
- My sleep is completely disturbed (5-7 hours sleepless)

## Section 10 - Recreation

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



# POSTOPERATIVE PATIENT SURVEY

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1. Do you smoke or use tobacco?

- Yes, I use tobacco       Never smoked or used tobacco  
 No, quit in last 6 months     No, quit over 6 months ago

2. Do you currently use alcohol?

- Yes       No

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## PAIN OR MUSCLE RELAXANT MEDICATION REGIMEN

During the last week, how often have you taken the following for your back/leg pain or neck/arm pain:

3. Non-Narcotic medication (such as aspirin, Tylenol, Motrin, Vioxx, Celebrex)

- 3 or more times a day       Once or twice a day       Once every couple of days  
 Once a week       Not at all

4. Weak narcotic medication (such as Tylenol #3, Darvocet N-100, Darvon, Vicodin)

- 3 or more times a day       Once or twice a day       Once every couple of days  
 Once a week       Not at all

5. Strong narcotic medication (such as Percodan, Percocet, Morphine, Demerol)

- 3 or more times a day       Once or twice a day       Once every couple of days  
 Once a week       Not at all

6. Muscle Relaxant medication (such as Flexeril, Parafon Forte, Robaxin)

- 3 or more times a day       Once or twice a day       Once every couple of days  
 Once a week       Not at all

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## PATIENT SATISFACTION:

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
7. I am satisfied with the results of my surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was helped as much as I thought I would be by my surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. All things considered, I would have the surgery again for the same condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## 10. PERCEIVED EFFECT OF SURGICAL TREATMENT:

- Completely Recovered  
 Much Improved  
 Slightly Improved  
 No Change  
 Slightly Worsened  
 Much Worsened  
 Vastly Worsened

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**WORK STATUS:**

1. Have you returned to work?       Yes       No       Was not working prior to surgery/Not applicable

If yes, please answer the following:

- a. Date returned to work: \_\_\_/\_\_\_/\_\_\_  
(Disregard date returned to work if completed on prior form)
- b. Occupation: \_\_\_\_\_
- c.  Full Time       Part Time  
 Full Duty       Light Duty
- d. If you are working less than **Full Time** or **Full Duty**, is this because of the problems with your back/neck?  
 Yes       No

If no, is this because of the problems with your back/neck?

- Yes       No

2. Is your current job the same as when your back/neck problems began?

- Yes, exact same job.  
 No, job changed due to back problems.  
 Yes, but job was lightened due to back problems.  
 No, job changed for reasons other than back.  
 Not currently working.
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