EUROQOL EQ-5D

By placing a tick in one box in each group below, please indicate which statement best describes your own health state today. Do not tick more than one box in each group.

**Mobility**

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

**Usual activities** (e.g. work, study, housework, family or 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

**Anxiety/Depression**

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

**Self-care**

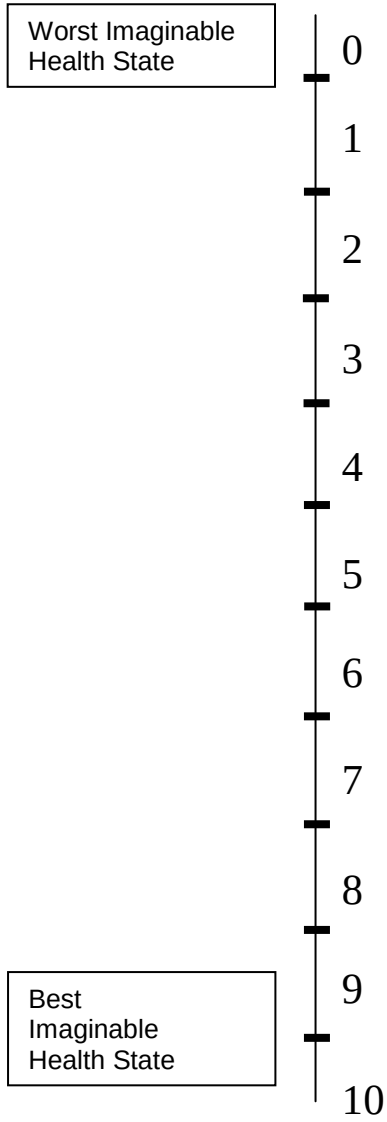
- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

**Pain/Discomfort**

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

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please circle on scale your health status good being 10 and bad being 0.



# OSWESTRY DISABILITY QUESTIONNAIRE

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** of the statement which best applies to you, we realize you may consider that tow or more statements in any one section apply but please just shad out the spot that indicates the statement which most clearly 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, Ect.)**

- ☐ 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 ans careful
- ☐ I need some help but can 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

**Section 3: Lifting**

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives me extra pain
- ☐ Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed e.g. on a table
- ☐ Pain prevents me lifting heavy weights but I can mange light to medium weights if they are conveniently positioned
- ☐ I can only lift very light weights
- ☐ I cannot lift or carry anything

**Section 4: Walking**

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 2 kilometers
- ☐ Pain prevents me from walking more than 1 kilometer
- ☐ Pain prevents me from walking more than 500 meters
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

**Section 5: 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 sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

**Section 6: Standing**

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 30 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

**Section 7: Sleeping**

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I have less than 6 hours sleep
- ☐ Because of pain I have less than 4 hours sleep
- ☐ Because of pain I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

**Section 8: 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 more energetic interests e.g. sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

**Section 9: Traveling**

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from traveling except to receive treatment

**Section 10: 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 activities, 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

**Score:** **/** **x100=** **%**

**Scoring:** For each section the total possible score is 5: if the first statement is marked the section score = o, if the last statement is marked it = 5. if all ten sections are completed the score is calculated as follows:

Example: 16 (total scored) / 50 (total possible score) x 100 = 32%

If one section is missed or not applicable the score is calculated: 16(total scored) / 45 (total possible score) x 100 = 35.5%

Minimum Detectable Change (90% confidence) : 15 points Minimum Clinically Important Difference (90% confidence) : 6%

## QUADRUPLE VISUAL ANALOGUE SCALE

Please circle the number that best describes the question being asked. If you have more than one complain, please answer each question for each individual complain and indicate the score for each complain. Please indicate your pain level right now, average pain, and pain at its best and worst.

1. What is your pain RIGHT NOW?

**No pain** _____ **worst possible pain**

**0 1 2 3 4 5 6 7 8 9 10**

2. What is your TYPICAL or AVERAGE pain?

**No pain** _____ **worst possible pain**

**0 1 2 3 4 5 6 7 8 9 10**

3. What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?

**No pain** _____ **worst possible pain**

**0 1 2 3 4 5 6 7 8 9 10**

4. What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?

**No pain** _____ **worst possible pain**

**0 1 2 3 4 5 6 7 8 9 10**

Other comments:

## ROLAND MORRIS DISABILITY QUESTIONNAIRE

The patient is instructed to put a mark next to each appropriate statement. The total number of marked statements are added by the clinician. Unlike the authors of the Oswestry Disability Questionnaire, Roland and Morris did not provide descriptions of the varying degrees of disability (e.g. 40%-60% is severe disability). Clinical improvements over time can be graded based on the analysis of serial questionnaire scores. If, for example, at the conclusion of treatment, a patient's score was 12 and, at the conclusion of treatment, her score was 2 (10 points of improvement), we would calculated an 83% 910/12 x 100) improvement.

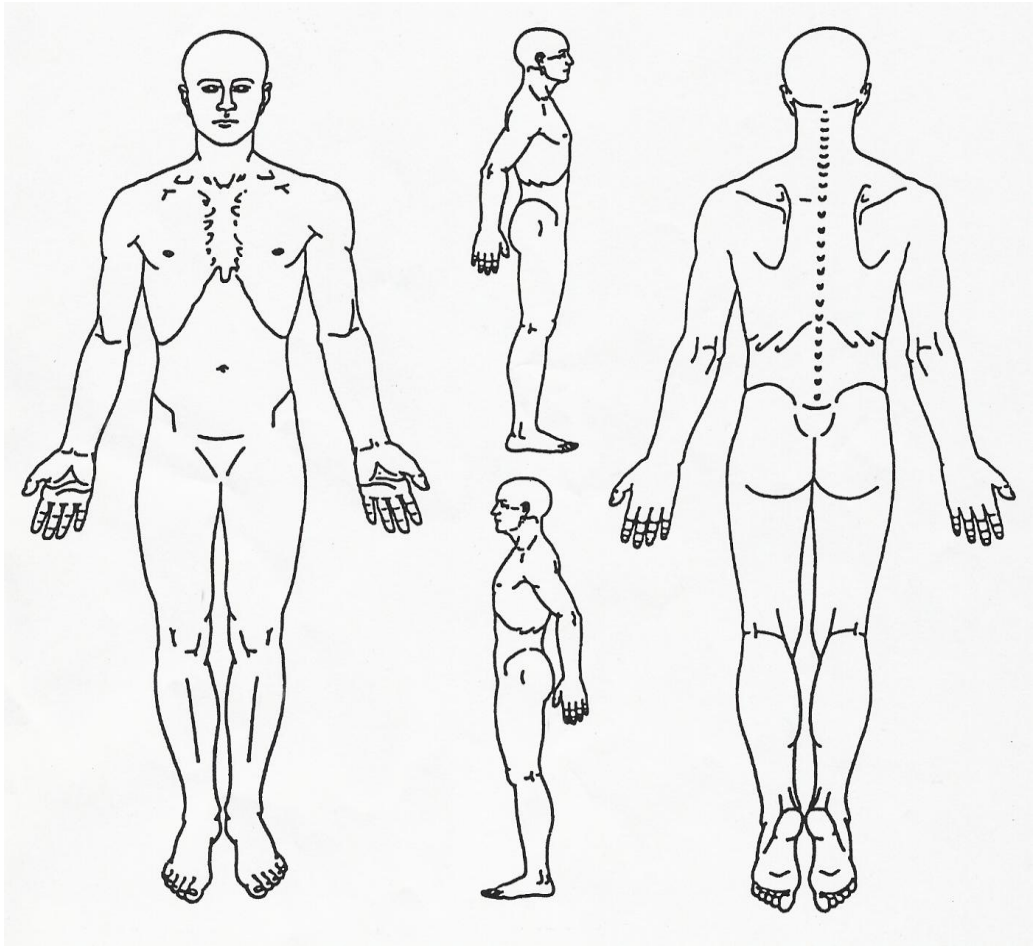
When your back hurts, you may find if difficult to do some of the things you normally do.
Mark only the sentences that describe you lately....

- [ ] I stay at home most of the time because of my back
- [ ] I walk more slowly than usual because of my back
- [ ] Because of my back, I am not doing any jobs that I usually do around the house
- [ ] Because of my back, I use a handrail to get upstairs
- [ ] Because of my back, I lie down to rest more often
- [ ] Because of my back, I have to hold onto something to get out of an easy chair
- [ ] Because of my back, I try to get other people to do things for me
- [ ] I get dressed more slowly than usual because of my back
- [ ] I stand up only for short periods of time because of my back
- [ ] Because of my back, I try not to bend or kneel down
- [ ] I find it difficult to get out of a chair because of my back
- [ ] My back or leg is painful almost all of the time
- [ ] I find it difficult to turn over in bed because of my back
- [ ] I have trouble putting on my socks (or stockings) because of pain in my back
- [ ] I sleep less well because of my back
- [ ] I avoid heavy jobs around the house because of my back
- [ ] Because of back pain I am more irritable and bad tempered with people than usual
- [ ] Because of my back, I go upstairs more slowly than usual.

PAIN DRAWING

Please mark the figures below with the letters that best describe the sensation or pain you are feeling. Please mark areas where pain radiates or spreads with a ↑, ↓, or ←, → arrow to indicate the direction of radiating pain. (Include all affected areas)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **A =** | **Ache** | **B =** | **Burning** | **R =** | **Radiating Pain** | **D =** | **Dull Pain** |
| **N =** | **Numbness** | **S =** | **Stabbing** | **P =** | **Pins & Needles** | **O =** | **Other** |



NAME: (please print) _____

How long have you experienced neck/back pain? _____ Years _____ Months _____ Weeks

Is this your first episode of neck/back pain? _____ YES _____ NO

SIGNATURE: _____ DATE: _____

**Please indicate how you would rate your pain** (LOW) 0 1 2 3 4 5 6 7 8 9 10 (HIGH)