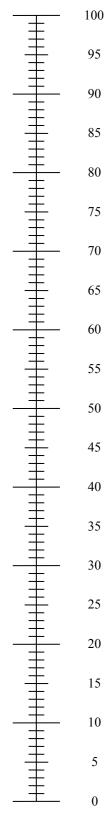
Name:	_
Date of Birth://	
Date:/	
	Before Surgery
	Back and Leg Pain
 Please mark on the line below how much week: 	n pain you have had from your back , on average, over the past
0 no pain	10 worst pain imaginable
Please mark on the line below how much week:	n pain you have had in your leg , on average, over the past
0 no pain	10 worst pain imaginable

Under each heading, please tick the ONE box that best des	cribes your health TODAY
MOBILITY	
I have no problems in walking about	
I have slight problems in walking about	
I have moderate problems in walking about	
I have severe problems in walking about	
I am unable to walk about	
SELF-CARE	
I have no problems washing or dressing myself	
I have slight problems washing or dressing myself	
I have moderate problems washing or dressing myself	
I have severe problems washing or dressing myself	
I am unable to wash or dress myself	
USUAL ACTIVITIES (e.g. work, study, housework, family or	leisure activities)
I have no problems doing my usual activities	
I have slight problems doing my usual activities	
I have moderate problems doing my usual activities	
I have severe problems doing my usual activities	
I am unable to do my usual activities	
PAIN / DISCOMFORT	
I have no pain or discomfort	
I have slight pain or discomfort	
I have moderate pain or discomfort	
I have severe pain or discomfort	
I have extreme pain or discomfort	
ANXIETY / DEPRESSION	
I am not anxious or depressed	
I am slightly anxious or depressed	
I am moderately anxious or depressed	
I am severely anxious or depressed	
I am extremely anxious or depressed	

- We would like to know how good or bad your health is TODAY
- This scale is numbered from 0 to 100.
- 100 means the <u>best</u> health you can imagine.
 0 means the <u>worst</u> health you can imagine.
- Mark an X on the scale to indicate how your health is **TODAY**.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY	=	

The best health you can imagine



The worst health you can imagine

Please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life. Please answer **every section**. Tick **one box only** in each section that most closely describes you **today.**

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

treatment

Pain prevents me from sitting at all