

July 16, 2010

Dear Patient,

We have been conducting research for many years in order to improve the quality of patient care and to make a difference in patient's lives. Along with this letter are questionnaires that may be a bit time-consuming (about 15 minutes) but we feel this is the only way to document your progress. Please know your participation in the research is voluntary and your information that identifies you will only be shared by me and my research team. We do sincerely hope that you will fill out these questionnaires and allow us to collect and analyze your data to be used for lectures and publication in scientific journals.

If you have any questions or concerns about completing the questionnaire please contact my study coordinator Lacey Feldman at 310-855-0751 ext. 2109.

Sincerely yours,

Carl Lauryssen, M.D.

LUMBAR EVALUATION - VISUAL ANALOG SCALE (VAS)	
Patient name:	Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month / Day / Year </div>
Surgery (post-operative):	Birth Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month / Day / Year </div>
Follow-Up Visit : <input type="checkbox"/> Pre-op <input type="checkbox"/> 3 Week <input type="checkbox"/> 6 Week <input type="checkbox"/> 3 Month <input type="checkbox"/> 6 Month <input type="checkbox"/> 12 Month <input type="checkbox"/> 24 Month	
Directions: Indicate the severity of your pain by marking a vertical line on each scale below which best describes your level of pain today ranging from "no pain" to "worst possible."	
Pain Scales:	
<div style="display: flex; justify-content: space-between;"> Back Pain </div> <div style="text-align: center; margin-top: 20px;"> </div>	
<div style="display: flex; justify-content: space-between;"> Right Leg Pain </div> <div style="text-align: center; margin-top: 20px;"> </div>	
<div style="display: flex; justify-content: space-between;"> Left Leg Pain </div> <div style="text-align: center; margin-top: 20px;"> </div>	

OSWESTRY DISABILITY INDEX QUESTIONNAIRE

Patient name:

Date: / /

Month / Day / Year

Follow-Up Visit: : ☐ Pre-op ☐ 3 Week ☐ 6 Week ☐ 3 Month ☐ 6 Month ☐ 12 Month ☐ 24 Month

Directions:

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

Questions:

1. Pain Intensity

- ☐₀ I have no pain at the moment.
- ☐₁ The pain is very mild at the moment.
- ☐₂ The pain is moderate at the moment.
- ☐₃ The pain is fairly severe at the moment.
- ☐₄ The pain is very severe at the moment.
- ☐₅ The pain is the worst imaginable at the moment.

2. Personal Care (Washing, Dressing, etc.)

- ☐₀ I can look after my self normally without causing extra pain
- ☐₁ I can look after myself normally, but it is very painful.
- ☐₂ It is painful to look after myself, and I am slow and careful.
- ☐₃ I need some help, but can manage most of my personal care.
- ☐₄ I need help every day in most aspects of self-care.
- ☐₅ I do not get dressed, wash with difficulty and stay in bed.

3. Lifting

- ☐_0 I can lift heavy weights with out extra pain.
- ☐_1 I can left heavy weights but it gives extra pain.
- ☐_2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. a table.
- ☐_3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐_4 I can lift only very light weights.
- ☐_5 I cannot lift or carry anything at all.

4. Walking

- ☐₀ Pain does not prevent me from walking any distance.
- ☐₁ Pain prevents me from walking more than 1 mile.
- ☐₂ Pain prevents me from walking more than 1/4 mile.
- ☐₃ Pain prevents me from walking more than 100 yards.
- ☐₄ I can only walk using a stick or crutches.
- ☐₅ I am in bed most of the time and have to crawl to the toilet.

5. Sitting

- ☐_0 I can sit in any chair as long as I like.
- ☐_1 I can sit in my favorite chair as long as I like.
- ☐_2 Pain prevents me from sitting for more than 1 hour.
- ☐_3 Pain prevents me from sitting for more than ½ hour.
- ☐_4 Pain prevents me from sitting for more than 10 minutes.
- ☐_5 Pain prevents me from sitting at all.

6. Standing

- ☐_0 I can stand as long as I want without extra pain.
- ☐_1 I can stand as long as I want, but it gives me extra pain.
- ☐_2 Pain prevents me from standing for more than 1 hour.
- ☐_3 Pain prevents me from standing for more than ½ hour.
- ☐_4 Pain prevents me from standing for more than 10 min. minutes.
- ☐_5 Pain prevents me from standing at all.

7. Sleeping

- ☐_0 My sleep is never disturbed by pain.
- ☐_1 My sleep is occasionally disturbed by pain.
- ☐_2 Because of pain, I have less than 6 hours of sleep.
- ☐_3 Because of pain, I have less than 4 hours of sleep.
- ☐_4 Because of pain, I have less than 2 hours of sleep.
- ☐_5 Pain prevents me from sleeping at all.

8. Sex Life (if applicable)

- ☐_0 My sex life is normal and causes no extra pain
- ☐_1 My sex life is normal but causes some extra pain.
- ☐_2 My sex life is nearly normal but is very painful.
- ☐_3 My sex life is severely restricted by pain.
- ☐_4 My sex life is nearly absent because of pain.
- ☐_5 Pain prevents any sex life at all.

9. Social Life

- ☐_0 My social life is normal and causes me no extra pain.
- ☐_1 My social life is normal but increases the degree of pain.
- ☐_2 Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sports, etc.
- ☐_3 Pain has restricted my social life and I do not go out as often.
- ☐_4 Pain has restricted my social life to my home.
- ☐_5 I have no social life because of pain.

10. Traveling

- ☐ ₀ I can travel anywhere without pain.
- ☐ ₁ I can travel anywhere but it gives extra pain.
- ☐ ₂ Pain is bad but I manage journeys over two hours.
- ☐ ₃ Pain restricts me to journeys of less than one hour.
- ☐ ₄ Pain restricts me to short necessary journeys under 30 minutes.
- ☐ ₅ Pain prevents me from traveling except to receive treatment.

