

Mr Priyan Landham MD FRCS (Tr&Orth)
Consultant Spine Surgeon

SCOLIOSIS

Name: _____

Email: _____

DOB: _____

MRN: _____

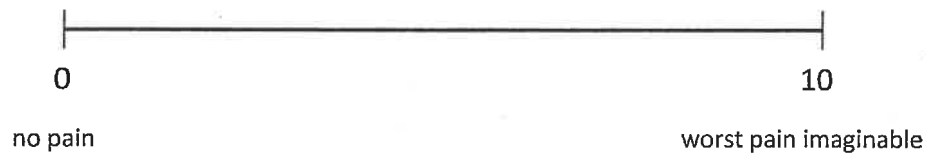
I consent to my personal details being recorded with the British Spine Registry (BSR). I understand that I may be contacted by email or post to complete an additional questionnaire. Further information is available at:
Britishspineregistry.com

Signature: _____ Date: _____

It is important to know how you get on before and after your operation. You will be sent an email 6 weeks, 6 months, 12 months and two years after your operation. Please complete the questionnaires and bring them to your next clinic appointment.

Visual Analogue Score: Back and Leg Pain

1. Please mark on the line below how much pain you have had from your **back**, on average, over the past week:



2. Please mark on the line below how much pain you have had in your **worst leg**, on average, over the past week:



EQ5D-5L

Under each heading, please tick the ONE box that best describes 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

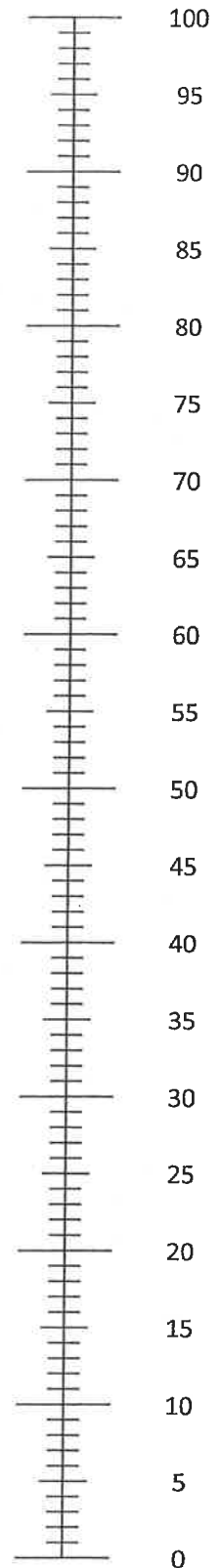
ANXIETY / DEPRESSION

- 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 best health you can imagine. 0 means the worst 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

INSTRUCTIONS: We are carefully evaluating the condition of your back and it is **IMPORTANT THAT YOU ANSWER EACH OF THESE QUESTIONS YOURSELF.** Please **TICK THE ONE BEST ANSWER TO EACH QUESTION.** Please answer all questions.

1. Which one of the following best describes the amount of pain you have experienced in the past 6 months?
 - None
 - Mild
 - Moderate
 - Moderate to severe
 - Severe

2. Which one of the following best describes the amount of pain you have experienced over the last month?
 - None
 - Mild
 - Moderate
 - Moderate to severe
 - Severe

3. During the past 6 months have you been a very nervous person?
 - None of the time
 - A little of the time
 - Some of the time
 - Most of the time
 - All of the time

4. If you have to spend the rest of your life with your back shape as it is right now, how would you feel about it?
 - Very happy
 - Somewhat happy
 - Neither happy nor unhappy
 - Somewhat unhappy
 - Very unhappy

5. What is your current level of activity?
 - Bedridden / wheelchair
 - Primarily no activity
 - Light labour such as household chores and light sports
 - Moderate manual labour and moderate sports
 - Full activities without restriction

6. How do you look in clothes?
 - Very good
 - Good
 - Fair
 - Bad
 - Very bad

7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?
 - Very often
 - Often
 - Sometimes
 - Rarely
 - Never

8. Do you experience back pain when at rest?
- Very often
 - Often
 - Sometimes
 - Rarely
 - Never
9. What is your current level of work / school activity?
- 100% normal
 - 75% normal
 - 50% normal
 - 25% normal
 - 0% normal
10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities.
- Very good
 - Good
 - Fair
 - Poor
 - Very poor
11. Which of the following best describes your medication usage for your back?
- None
 - Non-narcotics weekly or less (e.g. aspirin, ibuprofen, paracetamol)
 - Non-narcotics daily
 - Narcotics weekly or less (e.g. codeine, morphine, tramadol)
 - Narcotics daily
12. Does your back limit your ability to do things around the house?
- Never
 - Rarely
 - Sometimes
 - Often
 - Very often
13. Have you felt calm and peaceful during the past 6 months?
- All of the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time
14. Do you feel that your back condition affects your personal relationships?
- None
 - Slightly
 - Mildly
 - Moderately
 - Severely
15. Are you and/or your family experiencing financial difficulties because of your back?
- Severely
 - Moderately
 - Mildly
 - Slightly
 - None

16. In the past 6 months have you felt down hearted and blue?

- Never
- Rarely
- Sometimes
- Often
- Very often

17. In the last 3 months have you taken any sick days from work/school due to back pain and if so how many?

- 0
- 1
- 2
- 3
- 4 or more

18. Do you go out more or less than your friends?

- Much more
- More
- Same
- Less
- Much less

19. Do you feel attractive with your current back condition?

- Yes, very
- Yes, somewhat
- Neither attractive nor unattractive
- No, not very much
- No, not at all

20. Have you been a happy person during the past 6 months?

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

21. Are you satisfied with the results of your back management?

- Very satisfied
- Satisfied
- Neither satisfied nor unsatisfied
- Unsatisfied
- Very unsatisfied

22. Would you have the same management again if you had the same condition?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

23. On a scale of 1 to 9, with 1 being very low and 9 being extremely high, how would you rate your self-image?

- 1 2 3 4 5 6 7 8 9

Section 2: Post-surgery patients only

24. Compared with before treatment, how do you feel you now look?

- Much better
- Better
- Same
- Worse
- Much worse

25. Has your back treatment changed your function and daily activity?

- Increased
- Not changed
- Decreased

26. Has your back treatment changed your ability to enjoy sports/hobbies?

- Increased
- Not changed
- Decreased

27. Has your back treatment _____ your back pain?

- Increased
- Not changed
- Decreased

28. Has your treatment changed your confidence in personal relationships with others?

- Increased
- Not changed
- Decreased

29. Has your treatment changed the way others view you?

- Much better
- Better
- Same
- Worse
- Much Worse

30. Has your treatment changed your self-image?

- Increased
- Not changed
- Decreased