

## Questionnaire for patients who are to undergo surgery for degenerative changes in the neck



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Version 3

### Patient data

Name

Date of birth/national identity number

Mobile phone number

### Profession (check only one box)

- ☐ Have a job where I work a lot with my arms above shoulder level
- ☐ Have a job where I mostly use a computer
- ☐ Have a job that involves heavy physical work
- ☐ Have a job that involves light physical work with a varied working position
- ☐ Have a sedentary job

### Work status before surgery

Check the box that best describes your situation:

- ☐ Working full-time ☐ On sick leave
- ☐ Working part-time ☐ On partial sick leave
- ☐ Student/pupil ☐ ..... % sick leave
- ☐ Retired ☐ Work assessment allowance
- ☐ Unemployed ☐ Disability benefit
- evt ..... % benefit

### Sick leave

Continuous sick leave period for neck-related problems

- Less than 3 ☐ 3 - 6 months ☐ 6 - 12 months ☐ More than 1 year ☐

### Marital status

- ☐ Married ☐ Cohabiting ☐ Single

### First language

- ☐ Norwegian ☐ Sami ☐ Other, specify which

### Ethnic/cultural affiliation

- ☐ Norway ☐ North Africa including Sahara
- ☐ Scandinavia outside Norway ☐ Sub-Saharan Africa
- ☐ Europa outside Scandinavia ☐ North America
- ☐ Middle East ☐ South and Central America
- ☐ Asia outside Middle East ☐ Oceania (Australia, New Zealand and other island communities)

Do you smoke? ☐ Yes ☐ No ☐ I have smoked before

Do you use snuff/snus? ☐ Yes ☐ No ☐ I have used snuff/snus before

### Height and weight

Height  (m) Weight  (kg)

### Education

What is your highest level of education completed? (Check only one box)

- ☐ Primary school, 7–10 years
- ☐ Education as skilled worker (Vocational school)
- ☐ Upper secondary school
- ☐ University college or university (less than 4 years)
- ☐ University college or university (4 years or more)

### Have you applied for a disability pension? (check only one box)

- ☐ Yes ☐ No
- ☐ Planning to apply ☐ Has already been granted

Have you applied for compensation from an insurance company, including the Norwegian patient injury compensation scheme or occupational injury compensation? (check only one box)

- ☐ Yes ☐ No
- ☐ Planning to apply ☐ Has already been granted

### Waiting time related to neck surgery

Waiting time from when you were referred by your GP until an appointment at a specialist outpatient clinic was completed (check only one box)

- Less than 3 months ☐ 3–6 months ☐ 6–12 months ☐ More than 1 year ☐

Waiting time from decision to perform surgery until the operation was completed

- Less than 3 months ☐ 3–6 months ☐ 6–12 months ☐ More than 1 year ☐

### Pain and work

In your view, how large is the risk that your current pain may become persistent? Circle one

No risk 0 1 2 3 4 5 6 7 8 9 10 Very large risk

In your estimation, what are the chances you will be working your normal duties in 6 months? Circle one

No chance 0 1 2 3 4 5 6 7 8 9 10 Very large chance

An increase in pain is an indication that I should stop what I'm doing until the pain decreases. Circle one

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 Completely agree

I should not do my normal work with my present pain. Circle one

Completely disagree 0 1 2 3 4 5 6 7 8 9 10 Completely agree

### Duration of symptoms

Continuous duration of current radiating arm pain (check only one box)

- ☐ I have no radiating pain
- ☐ Less than 3 months
- ☐ 3–12 months
- ☐ 1–2 years
- ☐ More than 2 years

Continuous duration of current neck pain (check only one box)

- ☐ I have no neck pain
- ☐ Less than 3 months
- ☐ 3–12 months
- ☐ 1–2 years
- ☐ More than 2 years

Continuous duration of current headache (check only one box)

- ☐ I have no headache
- ☐ Less than 3 months
- ☐ 3–12 months
- ☐ 1–2 years
- ☐ More than 2 years

### How severe was your pain last week?

How would you grade your **headache** during the last week? Circle one

0 1 2 3 4 5 6 7 8 9 10

No pain

Worst pain imaginable

How would you grade your **neck pain** during the last week? Circle one

0 1 2 3 4 5 6 7 8 9 10

No pain

Worst pain imaginable

How would you grade your **arm pain** (one or both) during the last week? Circle one

0 1 2 3 4 5 6 7 8 9 10

No pain

Worst pain imaginable

Where does the pain radiate? (check only one box)

- ☐ In both shoulders/arms
- ☐ Only in one shoulder/arm
- ☐ No radiating pain

How far out does your arm pain radiate? (check only one box)

- ☐ To the shoulder
- ☐ To upper arm/elbow
- ☐ To forearm/wrist
- ☐ To finger(s)
- ☐ No pain in shoulder/arm

Have you been examined or treated for shoulder pain in the past?

- ☐ Yes ☐ No

### Painkillers

Do you use painkillers due to your neck– and/or shoulder pain?

- ☐ Yes ☐ No

If yes: How often do you use painkillers? (check only one box)

- ☐ Less frequently than every week
- ☐ Every week
- ☐ Daily
- ☐ Several times a day

### Reduced strength

Have you reduced strength in the relevant shoulder, arm or hand?

- ☐ Yes ☐ No

If yes: Specify the duration as accurately as possible, using only one of the following options

- ☐ Less than 24 hours, number of hours .....
- ☐ Less than 1 week, number of days.....
- ☐ 1 week to 3 month, number of weeks .....
- ☐ 3–12 months
- ☐ More than 12 months

### Neck pain disability index (Vernon-Mior)

This questionnaire is designed to give the health care provider information as to how your neck pain has affected your ability to manage in your every day life. In each section, check only the ONE box that applies to you. We realize that you consider that two of the statements in any one section relates to you, but just check the one that most closely describes your problem today.

#### 1. Pain intensity

- ☐ I have no neck 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 pain imaginable at the moment

#### 2. Personal care (e.g., washing, dressing, etc.)

- ☐ I can look after myself normally without causing extra neck pain
- ☐ I can look after myself, but it causes extra neck 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

#### 3. Lifting

- ☐ I can lift heavy weights without extra neck pain
- ☐ I can lift heavy weights, but it gives me extra neck pain
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (like 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

#### 4. Reading

- ☐ I can read as much as I want with no neck pain
- ☐ I can read as much as I want with slight neck pain
- ☐ I can read as much as I want with moderate neck pain
- ☐ I can't read as much as I want because of moderate neck pain
- ☐ I can hardly read at all because of severe pain in my neck
- ☐ I cannot read at all

#### 5. Headaches

- ☐ I have no headaches at all
- ☐ I have slight headaches that come infrequently
- ☐ I have moderate headaches that come infrequently
- ☐ I have moderate headaches that come frequently
- ☐ I have severe headaches that come frequently
- ☐ I have headaches almost all of the time

#### 6. Concentration

- ☐ I can concentrate fully when I want with no difficulty
- ☐ I can concentrate fully when I want to with slight difficulty
- ☐ I have a fair degree of difficulty concentrating when I want to
- ☐ I have a lot of difficulty concentrating when I want to
- ☐ I have a great deal of difficulty concentrating when I want to
- ☐ I cannot concentrate at all

#### 7. Work

- ☐ I can do as much work as I want
- ☐ 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

#### 8. Driving

- ☐ I can drive my car without any neck pain
- ☐ I can drive my car as long as I want with slight neck pain
- ☐ I can drive my car as long as I want with moderate neck pain
- ☐ I can't drive my car as long as I want because of moderate neck pain
- ☐ I can hardly drive at all because of severe neck pain
- ☐ I can't drive my car at all

#### 9. Sleeping

- ☐ I have no trouble sleeping
- ☐ My sleep is slightly disturbed (less than 1 hour sleepless)
- ☐ My sleep is mildly disturbed (1 to 2 hours sleepless)
- ☐ My sleep is moderately disturbed (2 to 3 hours sleepless)
- ☐ My sleep is greatly disturbed (3 to 5 hours sleepless)
- ☐ My sleep is completely disturbed (5 to 7 hours sleepless)

#### 10. Recreation

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

#### Spinal cord function (P-mJOA)

Below you find four descriptions of different spinal cord functions. Please check the box that applies to you, only one check per section

##### 1. Upper extremities (arms and hands) Motor dysfunction Choose the statement that best fits: I am.....

- ☐ -Unable to move my hands
- ☐ -Unable to eat with a spoon but am able to move my hands
- ☐ -Unable to button my shirt but able to eat with a spoon
- ☐ -Able to button my shirt with great difficulty
- ☐ -Able to button my shirt with slight difficulty
- ☐ -Not having any trouble using my hands

##### 2. Lower extremities (legs) Motor dysfunction Choose the statement that best fits: I am.....

- ☐ -Completely unable to move legs at all and have no feeling in legs
- ☐ -Having feeling in legs but not able to move them at all
- ☐ -Able to move my legs but am unable to walk
- ☐ -Able to walk on flat floor with a walking aid (cane or crutch)
- ☐ -Able to walk up-&/or downstairs w/aid of a handrail
- ☐ -Able to walk up-&/or downstairs without handrail but I notice moderate-to-significant lack of stability/feeling of imbalance when I walk
- ☐ -Able to walk unaided (no crutches, canes, walker) with smooth reciprocation (ie, legs move smoothly) but I still notice mild lack of stability/felling of imbalance when walking
- ☐ -Able to walk without any problems of imbalance or instability

##### 3. Upper extremities (arms and hands) Sensory dysfunction Choose the statement that best fits: I have...

- ☐ -Complete loss of feeling in hands
- ☐ -Servere loss of feeling, or have pain in my hands
- ☐ -Mild loss of feeling in hands
- ☐ -No loss of feeling in hands

##### 4. Sphincter dysfunction Choose the statement that best fits: I ....

- ☐ -Am completely unable to control urination
- ☐ -Have marked difficulty controlling urination
- ☐ -Have mild to moderate difficulty controlling urination
- ☐ -No difficulty controlling urination

## Health Questionnaire (EQ-5D)

Under each heading, please check the ONE box that best describes your health TODAY.

### 1. 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

### 2. 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

### 3. 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

### 4. 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

### 5. Anxiety/depression

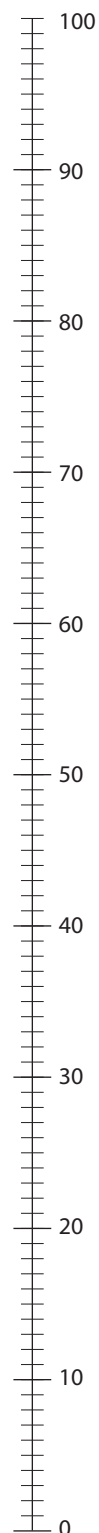
- ☐ I am not anxious or depressed
- ☐ I am slightly anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am severely anxious or depressed
- ☐ I am extremely anxious or depressed

## State of health

- 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