

Questionnaire for patients 3 months after neck surgery

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0510 – Version 3

The purpose of this questionnaire is to give doctors, nurses and physiotherapists a better understanding of the health issues of patients with degenerative conditions in the neck and of the effectiveness and safety of the treatment. Such knowledge can be used to give neck patients a better treatment service in the future.

Date of completion	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day	Month	Year
Back to work, completely or partially?			
If yes, enter the date	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Duration of sick leave after surgery	<input type="text"/> <input type="text"/> <input type="text"/>	(weeks)	
Have you had further surgery on your neck after the neck operation? (date stated on the front page)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes		
If so, specify numbers of operations: _____			
If so, you were operated on in the same area (level) of your neck?			
<input type="checkbox"/> Yes, in the same area	<input type="checkbox"/> No, in another area	<input type="checkbox"/> In the same as well as a different area	<input type="checkbox"/> Do not know
What benefit have you experienced from the operation?			
<input type="checkbox"/> I am completely well	<input type="checkbox"/> I am much better	<input type="checkbox"/> I am slightly better	<input type="checkbox"/> No change
<input type="checkbox"/> I am slightly worse	<input type="checkbox"/> I am much worse	<input type="checkbox"/> I am worse than ever before	
How satisfied are you with treatment you have had at the hospital?			
<input type="checkbox"/> Satisfied	<input type="checkbox"/> Somewhat satisfied	<input type="checkbox"/> Neither satisfied nor dissatisfied	<input type="checkbox"/> Somewhat dissatisfied
<input type="checkbox"/> Dissatisfied			
Reduced strength			
If you had reduced strength in your shoulder, arm or hand prior to surgery, has this changed?			
<input type="checkbox"/> Has fully recovered	<input type="checkbox"/> Has improved	<input type="checkbox"/> Is unchanged	<input type="checkbox"/> Has worsened
Complications after the procedure?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, check all that apply	
<input type="checkbox"/> Were you treated with antibiotics for urinary tract infection during the 4 weeks after the operation?			
<input type="checkbox"/> Were you treated with antibiotics for pneumonia during the 4 weeks after the operation?			
<input type="checkbox"/> Have you been diagnosed with deep vein thrombosis within 3 months after the operation and been treated for this?			
<input type="checkbox"/> Have you been diagnosed with pulmonary embolism within 3 months after the operation and been treated for this?			
<input type="checkbox"/> Were you treated with antibiotics for superficial infection in the surgical wound during the first 4 weeks after the operation?			
<input type="checkbox"/> Have you been or were you treated for more than 6 weeks with antibiotics for deep infection in the surgical wound?			
<input type="checkbox"/> Have you experienced a new weakening of strength in the arm or leg since the operation?			
<input type="checkbox"/> Do you have persistent discomfort when swallowing food and drink since the operation?			
<input type="checkbox"/> Do you have persistent problems with your voice since the operation (e.g. hoarseness/weak voice)?			
How severe was your pain last week?			
How would you grade your headache 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

Patient-derived (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

-Severe 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

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

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

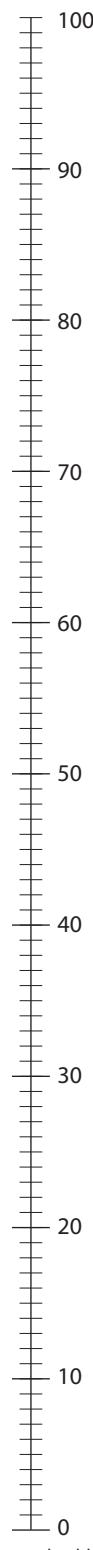
5. Anxiety/depression

- 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.

The best health you can imagine



YOUR
HEALTH
TODAY =

The worst health you can imagine