



Email: ryggregisteret@unn.no  
Website: www.ryggregisteret.no

# Questionnaire for patients who will undergo back surgery

1108 - Version 3

## Patient data

Name

Date of birth/  
national identity  
number

Address

Email

Mobile phone  
number

Date of completion     
Day Month Year

Do you smoke?  Yes  No  I have smoked before

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

## Height and weights

Height  (m) Weight  (kg)

## Previous treatments

Have you received other treatment for your current problems?  
 Yes  No

If yes, what effect do you consider the following treatments had on your problems (check)

|   | Better                   | Un-<br>changed           | Worse                    |
|---|--------------------------|--------------------------|--------------------------|
| Training with physiotherapist   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other treatment from the physiotherapist (massage, heat packs, electrotherapy etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual therapy  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychomotor physiotherapy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chiropractor  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multidisciplinary outpatient clinic for back patients or rehabilitation centre      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other treatment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Duration of symptoms

Continuous duration of current back/hip pain (check only one box)

I have no back/hip pain

Less than 3 months

3–12 months

1–2 years

More than 2 years

Continuous duration of current radiating pain

I have no radiating pain

Less than 3 months

3–12 months

1–2 years

More than 2 years

## Waiting time related to back 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

## Painkillers

Do you use painkillers due to your back and/or leg pain?

Yes  No

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

Less often than monthly

Every month

Every week

Daily

Several times a day

## How severe was your pain last week?

How would you grade the pain you have had in your **back/hip** during the last week? Circle one

No pain      0      1      2      3      4      5      6      7      8      9      10      Worst pain imaginable

How would you grade the pain you have had in your **leg(s)** during the last week? Circle one

No pain      0      1      2      3      4      5      6      7      8      9      10      Worst pain imaginable

### Oswestry Low Back Pain Disability Questionnaire:

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking ONE box in each section for the statement which best applies to you. We realise you may consider that two or more statements in any one section apply but please check the statement which most clearly describes your problem

#### 1. Pain intensity

- I have no 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 imaginable at the moment

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

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra 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 pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. 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. Walking

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than 1 mile (1 ½ km)
- Pain prevents me from walking more than 1/2 mile (¾ km)
- Pain prevents me from walking more than 100 yards (100 m)
- I can only walk using a stick or crutches
- I am in bed most of the time

#### 5. Sitting

- I can sit in any chair as long as I like
- I can only sit in my favourite chair as long as I like
- Pain prevents me sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

#### 6. Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

#### 7. Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours sleep
- Because of pain I have less than 4 hours sleep
- Because of pain I have less than 2 hours sleep
- Pain prevents me from sleeping at all

#### 8. Sex life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

#### 9. Social life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

#### 10. Travelling

- I can travel anywhere without pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from travelling except to receive treatment

## 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

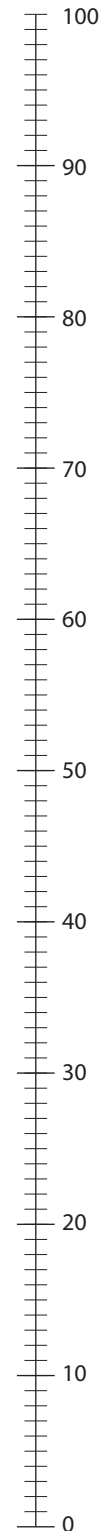
### 5. Anxiety/depression

- 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

**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

**Marital status**

Married/cohabiting       Single

**Difficulty reading and writing**

**Do you have problems with reading and writing?**

Yes, a great deal       Yes, to some extent       No

**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  
..... % benefit

**Sick leave**

**Continuous sick leave period for back-related problems**

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

**Do you have physically heavy or monotonous work? Circle one**

Not physically heavy      0      1      2      3      4      5      6      7      8      9      10      Very physically heavy

Not monotonous      0      1      2      3      4      5      6      7      8      9      10      Very monotonous

**First language**

Norwegian       Sami  
 Other, specify which \_\_\_\_\_

**Were you born in Norway?**

Yes       No

**Education and profession**

**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)

**Do you feel that your employer would like to have you back at work?**

Yes       No       Do not know

**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

**Ethnic/cultural affiliation**

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