North Kansas City Hospital | MERITAS HEALTH

Post-Operative Survey

The survey below will help us understand your current condition and daily activities. Your feedback is valuable to our spine surgery program. Please complete the survey within five days and return it using the enclosed pre-paid envelope. Thank you for putting your trust in the skilled healthcare team at North Kansas City Hospital.

PATIENT DEMOGRAPHIC INFORMATION

Name:	**Sex:** ☐ Male ☐ Female	**Date of Birth:** ☐☐ / ☐☐ / ☐☐☐☐ Enter dates as: (MM/DD/YYYY)
Today's Date:		

HEALTH SELF-ASSESSMENT

Please respond to each item by marking one box per row.	Excellent	Very Good	Good	Fair	Poor
In general, would you say your health is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, would you say your quality of life is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, how would you rate your physical health?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, how would you rate your mental health, including your mood and your ability to think?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, how would you rate your satisfaction with your social activities and relationships?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries or moving a chair?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

In the past 7 days	Never	Rarely	Sometimes	Often	Always
How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
How would you rate your fatigue on average?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

How would you rate your pain on average?	☐ 0 No Pain	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 Worst imaginable pain

PLEASE TURN OVER TO CONTINUE SURVEY ON BACK

SELF-ASSESSMENT - OSWESTRY LOW BACK DISABILITY

This survey asks for your view about your back **in the last week**. This information will help us keep track of how you feel about your neck and how well you are able to do your usual activities. Answer every question by checking the appropriate box, only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

PAIN

- ☐ I can tolerate the pain I have without having to use pain killers.
- ☐ The pain is bad but I manage without taking pain killers.
- ☐ Pain killers give complete relief from pain.
- ☐ Pain killers give moderate relief from pain.
- ☐ Pain killers give very little relief from pain.
- ☐ Pain killers have no effect on the pain and I do not use them.

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.

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 positioned, i.e. on a table.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ☐ I can only lift very light weights.
- ☐ I cannot lift or carrying anything.

WALKING

- ☐ Pain does not prevent me walking any distance.
- ☐ Pain prevents me walking more than one mile.
- ☐ Pain prevents me walking more than ½ mile.
- ☐ Pain prevents me walking more than ¼ mile.
- ☐ I can only walk using a stick or crutches.
- ☐ I am in bed most of the time and have to crawl to the toilet.

SITTING

- ☐ I can sit in any chair as long as I like.
- ☐ I can only sit in my favorite chair as long as I like.
- ☐ Pain prevents me from sitting more than one hour.
- ☐ Pain prevents me from sitting more than ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ Pain prevents me from sitting at all.

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 one 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.

SLEEPING

- ☐ Pain does not prevent me from sleeping well.
- ☐ I can sleep well only by using medication.
- ☐ Even when I take medication, I have less than 6 hrs sleep.
- ☐ Even when I take medication, I have less than 4 hrs sleep.
- ☐ Even when I take medication, I have less than 2 hrs sleep.
- ☐ Pain prevents me from sleeping at all.

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. (e.g. dancing, etc.)
- ☐ 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.

TRAVELING

- ☐ I can travel anywhere without extra pain.
- ☐ I can travel anywhere but it gives me extra pain.
- ☐ Pain is bad, but I manage journeys over 2 hours.
- ☐ Pain restricts me to journeys of less than 1 hour.
- ☐ Pain restricts me to short necessary journeys under 30 minutes.
- ☐ Pain prevents me from traveling except to the doctor or hospital.

EMPLOYMENT/ HOMEMAKING

- ☐ My normal homemaking/ job activities do not cause pain.
- ☐ My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me.
- ☐ I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (e.g, lifting, vacuuming).
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chores.

PLEASE COMPLETE THE ENTIRE SURVEY AND RETURN IN THE ENCLOSED ENVELOPE