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# KAISER PERMANENTE SPINE FORMS

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The following forms are specially designed to give your doctor valuable information about the health of your spine. The same way an EKG gives us information about your heart. It is very important that you answer all questions to the best of your ability. These forms will be given to you on your initial consultation with your doctor and subsequently (if you have surgery) on your visits to the clinic as well as 3 months, 6 months, 12 months and 24 months post-surgery. In some cases, in which a visit to the office is not needed, then the answers to these forms can be shared via telephone conversations with our staff.





**KAISER PERMANENTE®**

Please take the time to answer the following question about your health. This form is important since it allows us to monitor your progress as we provide a treatment plan for you.

**CERVICAL SPINE QUESTIONNAIRE  
(C-spine Form)**

Name: \_\_\_\_\_

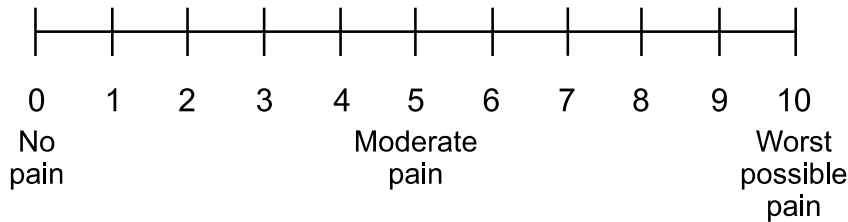
MRN: \_\_\_\_\_

DATE: \_\_\_\_\_

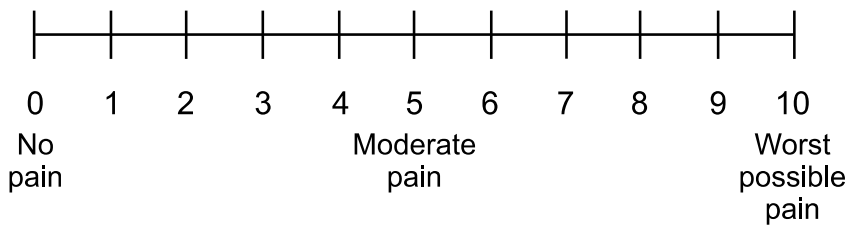
- NOTE:**
1. These questionnaires are used to evaluate your current symptoms.
  2. You will receive these questionnaires on every visit to our office and at 3, 6, 12, 24 months after your surgery to evaluate your progress and the outcome from surgery.
  3. Please take the time to fill it completely and accurately.

For the following questions, please indicate your level of pain by putting an "X" on the line below.

What is your average pain level in your **neck**, if any?



What is your average pain level in your **arms/hands**, if any?



**Patient satisfaction about surgery (Choose ONLY ONE ANSWER)**

- 1 I did not have surgery
- 2 Surgery met my expectation
- 3 I did not improve as much as I hoped but would undergo the same operation for the same results
- 4 Surgery helped but I would not undergo the same operation for the same results
- 5 I am the same or worse as compared to before the surgery

Please answer the following questions placing a circle on the number which describes your pain intensity and other functions. Only ONE CHOICE in each section.

**Section 1- Pain Intensity**

0. I have no pain at the moment.
1. The pain is mild at the moment.
2. The pain is moderate and comes and goes.
3. The pain is moderate and does not vary much.
4. The pain is severe and comes and goes.
5. The pain is severe and does not vary much.

**Section 6- Concentration**

0. I can concentrate fully when I want to with no difficulty.
1. I can concentrate fully when I want to with slight difficulty.
2. I have a fair degree of difficulty in concentrating when I want to.
3. I have a lot of difficulty in concentrating when I want to.
4. I have a great deal of difficulty in concentrating when I want to.
5. I cannot concentrate at all.

**Section 2- Personal Care (Washing, Dressing, etc.)**

0. I can look after myself without causing extra pain.
1. I can look after myself normally, but it causes extra pain.
2. It is painful to look after myself and I am slow and careful.
3. I need some help but manage most of my personal care.
4. I need help every day in most aspects of self-care.
5. I do not get dressed, I wash with difficulty and stay in bed.

**Section 7- Work**

0. I can do as much work as I want to.
1. I can only do my usual work, but no more.
2. I can do most of my usual work, but no more.
3. I cannot do my usual work.
4. I can hardly do any work at all.
5. I cannot do any work at all.

**Section 3- Lifting**

0. I can lift heavy weights without extra pain.
1. I can lift heavy weights, but it causes extra pain.
2. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table.
3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
4. I can lift very light weights.
5. I cannot lift or carry anything at all.

**Section 8- Driving**

0. I can drive my car without neck pain.
1. I can drive my car as long as I want with slight pain in my neck.
2. I can drive my car as long as I want with moderate pain in my neck.
3. I cannot drive my car as long as I want because of moderate pain in my neck.
4. I can hardly drive my car at all because of severe pain in my neck.
5. I cannot drive my car at all.

**Section 4- Reading**

0. I can read as much as I want to with no pain in my neck.
1. I can read as much as I want with slight pain in my neck.
2. I can read as much as I want with moderate pain in my neck.
3. I cannot read as much as I want because of moderate pain in my neck
4. I cannot read as much as I want because of severe pain in my neck.
5. I cannot read at all because of neck pain.

**Section 9- Sleeping**

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

**Section 5- Headache**

0. I have no headaches at all.
1. I have slight headaches that come infrequently.
2. I have moderate headaches that come infrequently.
3. I have moderate headaches that come frequently.
4. I have severe headaches that come frequently.
5. I have headaches almost all the time.

**Section 10- Recreation**

0. I am able to engage in all recreational activities with no pain in my neck at all.
1. I am able to engage in all recreational activities with some pain in my neck.
2. I am able to engage in most, but not all, recreational activities because of pain in my neck.
3. I am able to engage in only a few of my usual recreational activities because of pain in my neck.
4. I can hardly do any recreational activities because of pain in my neck.
5. I cannot do any recreational activities at all.

**For Office Use Only: Neck Disability Index (NDI) = \_\_\_\_\_ x 2 = \_\_\_\_\_ %**

Please answer the following questions placing a circle on the number which describes your function to move, feel and urinate. Only ONE CHOICE in each section.

**A. Movement of Arms and Hands**

- 0. Unable to move hands
- 1. Unable to eat with a spoon, but able to move hands
- 2. Unable to button shirt, but able to eat with spoon
- 3. Able to button shirt with great difficulty
- 4. Able to button shirt with slight difficulty
- 5. No Difficulty

**B. Movement of Legs and Feet**

- 0. Unable to walk
- 1. Unable to move legs but can feel legs
- 2. Able to move legs, but unable to walk
- 3. Able to walk on flat floor with a cane or walker
- 4. Able to walk up and down stairs with handrail
- 5. Able to walk up and/or down stairs with handrail, but with moderate-to-significant instability.
- 6. Able to walk, without cane/walker, but mild instability
- 7. No Difficulty in legs

**C. Sensation/Feeling in Arms and Hands**

- 0. Complete loss of feeling in Arms and Hands
- 1. Severe loss of feelings in Arms and Hands
- 2. Mild loss of feelings in Arms and Hands
- 3. Feel normal in Arms and Hands

**D. Ability to Urinate**

- 0. Unable to urinate
- 1. Marked difficulty in Urinating
- 2. Mild-to-moderate difficulty to urinate
- 3. Normal ability to urinate

**For Office Use Only: m JOA = \_\_\_\_\_ / 18**

## OWN HEALTH QUESTIONS (EQ5D)

Place a circle on the number for each category that indicates which statements best describe your **own health** state **today**.

### Mobility

1. I have no problems in walking about
2. I have slight problems in walking about
3. I have moderate problems in walking about
4. I have severe problems in walking about
5. I am unable to walk about

### Self-Care

1. I have no problems washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself
4. I have severe problems washing or dressing myself
5. I am unable to wash or dress myself

**Usual Activities** (e.g., work, study, housework, family, or leisure activities)

1. I have no problems doing my usual activities
2. I have slight problems doing my usual activities
3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities

### Pain/Discomfort

1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort

### Anxiety/Depression

1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed

For Office Use Only	Mobility	Self-care	Usual Activity	Pain/Discomfort	Anxiety/Depression
EQ5D Score					

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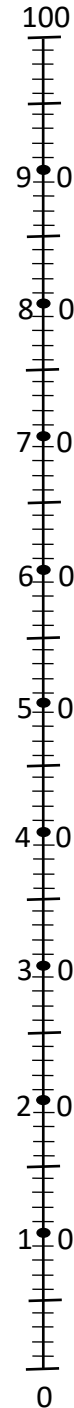
# OWN HEALTH SCALE (EQ5D – VAS)

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line at whichever point on the scale indicates how good or bad your health state is today or by entering a number between 100 (best state) and 0 (worst state) in the form field.

For Official Use Only	
EQ5D – VAS Score	

Best  
imaginable  
health state



Worst  
imaginable  
health state