

Princess Alexandra Hospital

Metro South Health

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Address:	Date:	
SUBURB	DOB:	
STATE	Ref ID:	
POSTCODE:		

Princess Alexandra Hospital Spinal Surgical Services, Specialised Spinal Care

Orthopaedic Spinal Surgeons

Dr Kate Campbell Dr Dihan Aponso Dr John Albietz

BACK SURVEY

Dear Sir/Madam

You have been referred to see one of the spinal surgeons at the Princess Alexandra Hospital. To assist us in understanding your condition and categorising the urgency of your problem, please complete this form, as well as the attached pain diagram and questionnaire as **ACCURATELY** as possible.

In the meantime, should your condition worsen, you should see your General Practitioner as soon as practical. Ensure that whilst you are waiting, you are fully informed of all the treatment options available for the management of your condition.

Name:	Age:			
Problems (tick one or more)	□ Back Pain	□ Neck	Pain	□ Scoliosis
	□ Sciatica	□ Arm Pain		□ Other
How long have you had the problem?	Weeks	Months		Years
Have you had surgery for this problem?	YES		NO	
If surgery or other interventions were suggested would you consider these options?	YES		NO	

BACK PAIN QUESTIONNAIRE

Patient Name: Ref ID:

This questionnaire has been designed to give the doctor information about how your neck pain has affected your ability to manage in everyday life. Please **answer each section** and mark in each section **only one box** that applies best to you. We realise that you may consider that two of the statements may apply to you, but just mark the box that most closely describes your problem.

1.	Pain intensity		6.	Standing	
	I can tolerate the pain without having to use pain killers The pain is bad but I manage without taking pain killers Pain killers give complete relief of pain Pain killers give partial relief of pain Pain killers give very little relief of pain Pain killers have no effect on pain and I do not use them			I can stand as long as I want I can stand as long as I want but it gives me extra pain Pain prevents me from standing more than one hour Pain prevents me from standing more than 30 minutes Pain prevents me from standing more than 10 minutes Pain prevents me from standing at all	
2.	Personal care		7.	Sleeping	
	I can look after myself normally without 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 personal care I do not get dressed, wash with difficulty and stay in bed		00000	I sleep well Pain occasionally interrupts my sleep Pain interrupts my sleep half of the time Pain often interrupts my sleep Pain always interrupts my sleep I never sleep well	
3.	Lifting		8.	Social Life	
	I can lift heavy objects without extra pain I can lift heavy objects but it gives extra pain I can only lift heavy objects if they are on a table I can only lift light/medium objects if they are on a table I can only lift very light objects I cannot lift anything, due to pain			My social life is normal and gives me no extra pain My social life is normal but gives me extra pain Pain restricts more energetic social activities Pain has restricted my social life and I go out less often Pain has restricted my social life to home I have no social life because of pain	
4.	Walking		9.	Travelling	
	I can run or walk without pain I can walk comfortably but running is painful Pain prevents me from walking more than one hour Pain prevents me from walking more than 30 minutes Pain prevents me from walking more than 10 minutes I cannot walk more than a few steps at a time			I can travel anywhere without extra pain I can travel anywhere but it causes some pain Pain is bad but I manage to travel over two hours Pain restricts me to trips of less than one hour Pain restricts me to trips of less than 30 minutes Pain prevents me from travelling except to the doctor	
5.	Sitting		10.	Sex life (optional)	
	I can sit in any chair as long as I want I can only sit in a special chair as long as I want Pain prevents me from 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			My sex life is unchanged My sex life is unchanged but it causes some pain My sex life is nearly unchanged but is very painful My sex life I severely restricted by pain Pain prevents any sex life at all	
OFFICE USE ONLY					

BACK PAIN QUESTIONNAIRE

PAIN SCALE

Mark on the line the AVERAGE level of your BACK PAIN in the past week.							
No pain	0	10	Worst pain imaginable				
Mark on the line the AVERAGE level of your LEG PAIN in the past week							
No pain	0	10	Worst pain imaginable				

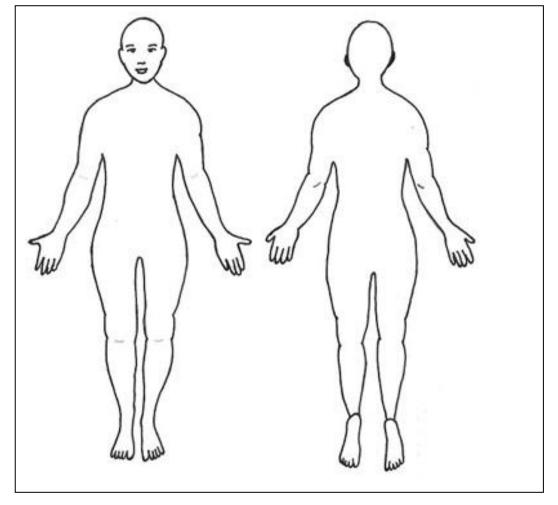
PAIN DIAGRAM

Mark areas of PAIN that you have on the diagram using SHADING



Mark areas of TINGLING or PINS AND NEEDLES with CROSSES





Patient Name: Ref ID: