



Princess Alexandra Hospital
Metro South Health

First name:
Surname:
Address:
SUBURB
STATE
POSTCODE:

Phone: 1300 364 155
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Date:
DOB:
Ref ID:

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)	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Neck Pain	<input type="checkbox"/> Scoliosis
	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Arm Pain	<input type="checkbox"/> 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.

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

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