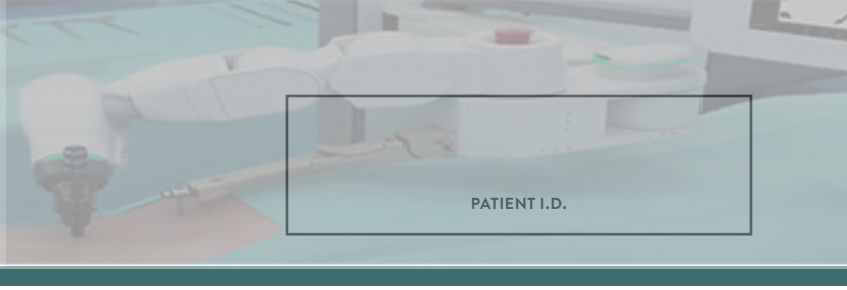


PATIENT I.D.

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. For each of the following questions, please mark an X in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
[ ]	[ ]	[ ]	[ ]	[ ]

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, Not limited at all
[A] Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	[ ]	[ ]	[ ]
[B] Climbing several flights of stairs	[ ]	[ ]	[ ]

3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
[A] Accomplished less than you would like	[ ]	[ ]	[ ]	[ ]	[ ]
[B] Were limited in the kind of work or other activities	[ ]	[ ]	[ ]	[ ]	[ ]

PATIENT I.D.

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
[A] Accomplished less than you would like	[ ]	[ ]	[ ]	[ ]	[ ]
[B] Did work or other activities less carefully than usual	[ ]	[ ]	[ ]	[ ]	[ ]

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
[ ]	[ ]	[ ]	[ ]	[ ]

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
[A] Have you felt calm and peaceful?	[ ]	[ ]	[ ]	[ ]	[ ]
[B] Did you have a lot of energy?	[ ]	[ ]	[ ]	[ ]	[ ]
[C] Have you felt downhearted and depressed?	[ ]	[ ]	[ ]	[ ]	[ ]

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
[ ]	[ ]	[ ]	[ ]	[ ]

8.

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	☐
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 can manage most of my personal care	☐
I need help every day in most aspects of self care	☐
I do not get dressed, wash with difficulty and stay in bed	☐
Lifting	
I can lift heavy weights without extra pain	☐
I can lift heavy weights but it gives me extra pain	☐
Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed e.g. on a table	☐
Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned	☐
I can only lift very light weights	☐
I cannot lift or carry anything	☐
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	☐

9. The following section contains two columns of questions. Please complete the left column if your pain is primarily lumbar /lower back pain. Please complete the right column if your pain is primarily cervical/ neck pain. Do not complete both columns.

LUMBAR / LOWER BACK PAIN	
Walking	
Pain does not prevent me walking any distance	☐
Pain prevents me from walking more than 1 mile	☐
Pain prevents me from walking more than 1 half mile	☐
Pain prevents me from walking more than 1 quarter mile	☐
I can only walking using a stick or crutches	☐
I am in bed most of the time	☐
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 30 minutes	☐
Pain prevents me from sitting more than 10 minutes	☐
Pain prevents me from sitting at all	☐

CERVICAL / NECK PAIN	
Headache	
I have no headaches at all	☐
I have slight headaches that come infrequently	☐
I have moderate headaches that come infrequently	☐
I have moderate headaches that come frequently	☐
I have severe headaches that come frequently	☐
I have headaches almost all the time	☐
Work	
I can do as much work as I want to	☐
I can do my usual work, but no more	☐
I can do most of my usual work, but no more	☐
I cannot do my usual work	☐
I can hardly do any work at all	☐
I can't do any work at all	☐

10.

LUMBAR / LOWERBACK PAIN	
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	☐
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	☐
Social Life	
My social life is normal and gives 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. sports	☐
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 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 journeys under 30 minutes	☐
Pain prevents me from traveling except to receive treatment	☐

CERVICAL / NECK PAIN	
Concentration	
I can concentrate fully when I want to, with no difficulty	☐
I can concentrate fully when I want to, with slight difficulty	☐
I have a fair degree of difficulty in concentrating when I want to	☐
I have a lot of difficulty in concentrating when I want to	☐
I have a great deal of difficulty of concentrating when I want to	☐
I cannot concentrate at all	☐
Reading	
I can read as much as I want, with no pain in my neck	☐
I can read as much as I want to, with slight pain in my neck	☐
I can read as much as I want to, with moderate pain my neck	☐
I can't read as much as I want to, because of moderate pain in my neck	☐
I can hardly read at all, because of severe pain in my neck	☐
I cannot read at all	☐
Driving	
I can drive my car without neck pain	☐
I can drive my car as long as I want, with slight pain in my neck	☐
I can drive my car as long as I want, with moderate pain in my neck	☐
I can't drive my car as long as I want, because of moderate pain in my neck	☐
I can hardly drive at all, because of severe pain in my neck	☐
I can't drive my car at all	☐
Recreation	
I am able to engage in all my recreation activities, with no neck pain at all	☐
I am able to engage in all my recreation activities, with some neck pain	☐
I am able to engage in most, but not all, of my usual recreation activities, because of pain in my neck	☐
I am able to engage in few of my recreation activities, because of pain in my neck	☐
I can hardly do any recreation activities, because of pain in my neck	☐
I can't do any recreation activities at all	☐

11.

On average, how bad is your LOWER BACK pain?

NO PAIN	1	2	3	4	5	6	7	8	9	10	WORST PAIN

On average, how bad is your NECK pain?

NO PAIN	1	2	3	4	5	6	7	8	9	10	WORST PAIN

The Robotic Spine Institute of Las Vegas

PATIENT I.D.

12.

Mobility	
I have no problems in walking	☐
I have slight problems walking	☐
I have moderate problems walking	☐
I have severe problems walking	☐
I am unable to walk	☐
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	☐
Usual Activities (e.g. work, study, housework, family or leisure activities)	
I have no problem 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	☐
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	☐
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	☐

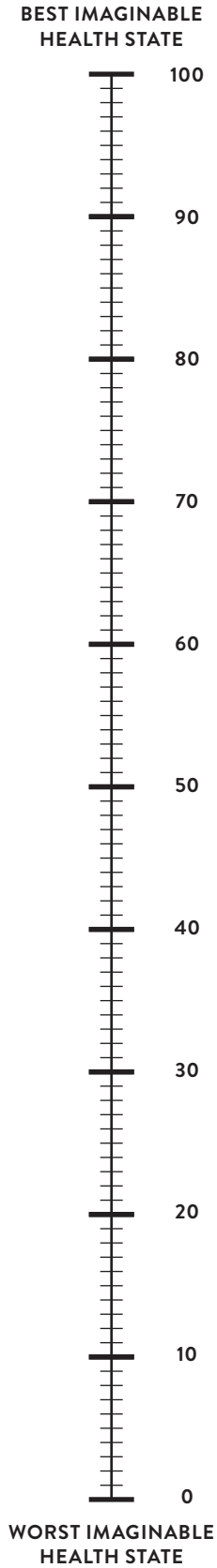
13. WE WOULD LIKE TO KNOW HOW GOOD OR BAD YOUR HEALTH IS TODAY.

THIS SCALE IS NUMBERED FROM 0 TO 100.

100 MEANS THE BEST HEALTH YOU CAN IMAGINE. 0 MEANS THE WORST HEALTH YOU CAN IMAGINE.

PLEASE CIRCLE ON THE SCALE TO INDICATE HOW YOUR HEALTH IS TODAY.

YOUR OWN HEALTH STATE TODAY



14. Are you currently working (employed, self-employed)?
If yes, skip to question 3. If no, goto next question

[ ] Yes
[ ] No

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15. If not, is it because of your spine condition?
If this question was applicable skip to question 5

[ ] Yes
[ ] No

---

16. What is your occupation?
If this question was applicable, answer next two questions

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17. How many days of work have you missed because of your spinal condition?

[ ] N / A
[ ] 2 Weeks
[ ] 1 Month
[ ] 2 Months
[ ] 3 Months
[ ] 6 Months
[ ] 1 Year
[ ] 2 Years
[ ] 3 Years
[ ] 4 Years
[ ] 5 Years
[ ] >5 Years

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18. How many days of work has your family missed because of your spinal condition?

[ ] N / A
[ ] 2 Weeks
[ ] 1 Month
[ ] 2 Months
[ ] 3 Months
[ ] 6 Months
[ ] 1 Year
[ ] 2 Years
[ ] 3 Years
[ ] 4 Years
[ ] 5 Years
[ ] >5 Years

PATIENT NAME (PLEASE PRINT)	**SIGNATURE OF PATIENT**	**DATE**
		TIME

STAFF NAME (PLEASE PRINT)(FOR REVIEW OF INFORMATION	**SIGNATURE OF STAFF MEMBER**	**DATE**
		TIME