

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. <u>Accomplished less</u> than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did work or activities <u>less carefully than usual</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

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 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Did you have a lot of energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Have you felt downhearted and depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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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 friends, relatives, etc.)?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Modified Oswestry Low Back Pain Disability Questionnaire v1.3

Please answer every section and mark in each section only the one which applies to you. We realize you may consider that two of the statements in any section may relate to you, but please just mark the one which most closely describes your problem.

1. Pain Intensity (*mark only one*)

- I can tolerate the pain I have without having to use pain medication.
- The pain is bad, but I can manage without having to take pain medication.
- Pain medication provides me with complete relief from pain.
- Pain medication provides me with moderate relief from pain.
- Pain medication provides me with little relief from pain.
- Pain medication has no effect on my pain.

2. Personal Care (e.g., Washing, Dressing) (*mark only one*)

- I can take care of myself normally without it causing extra pain
- I can take care of myself normally, but it causes extra pain
- It is painful to take care of myself, and I am slow and careful.
- I need help, but I am able to manage most of my personal care.
- I need help every day in most aspects of my care.
- I do not get dressed, I wash with difficulty, and I stay in bed.

3. Lifting (*mark only one*)

- I can lift heavy weights without increased 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 the weights are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

4. Walking (*mark only one*)

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile. (1 mile = 1.6 km).
- Pain prevents me from walking more than 1/2 mile.
- Pain prevents me from walking more than 1/4 mile.
- I can walk only with crutches or a cane.
- I am in bed most of the time and have to crawl to the toilet

5. Sitting (*mark only one*)

- 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 for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

6. Standing (*mark only one*)

- I can stand as long as I want without extra pain.
- I can stand as long as I want, but it gives extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 1/2 hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

7. Sleeping (*mark only one*)

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

8. Employment / Homemaking (*mark only one*)

- 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

9. Social Life (*mark only one*)

- My social life is normal and gives me no extra pain
- My social life is normal, but it increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests (ie dancing, etc)
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to home.
- I have no social life because of my pain.

10. Traveling (*mark only one*)

- I can travel anywhere without extra pain
- I can travel anywhere, but it gives extra pain
- Pain is bad but I manage journeys over two hours
- Pain restricts me to journeys less than one hour
- Pain restricts me to journeys under thirty minutes
- Pain prevents me from travelling except for visits to the doctor or hospital.

On a scale from 0 to 10, mark your level of **back** pain discomfort with 0 being none and 10 being unbearable (mark only one)

None	0	1	2	3	4	5	6	7	8	9	10	Unbearable

On a scale from 0 to 10, mark your level of **leg** pain discomfort with 0 being none and 10 being unbearable (mark only one)

None	0	1	2	3	4	5	6	7	8	9	10	Unbearable

If given the choice to have surgery again

- I would have undergone this surgery
- I would not have undergone this surgery