Date:

PID

Pain Questionnaire

Dear Patient,
You have an appointment at the special consultation for spinal disorders at the Winterthur Cantonal Hospital in the Department of Neurosurgery and Spine Surgery. We would like to assess your state of health, any ailments and other factors as best we can before your appointment. This helps us to better understand and assess your condition. Please answer the following questions to the best of your knowledge. Also, if possible, have your medication schedule or medications available. The questionnaire will take approximately 15 minutes to complete. Your answers will be kept strictly confidential and will only be reviewed by medical professionals.

Thank you for taking the time to complete this questionnaire.

The team of the Clinic for Neurosurgery and Spine Surgery at KSW

Questions:

Q: What type of ailments are you currently suffering from? (Multiple selection possible)

- ☐ back pain
- ☐ radiating pain in buttocks/legs/feet
- ☐ numbness/tingling
- ☐ weakness
- ☐ Other ailments (please only select if the above does not apply)

D: Please answer the following question if you checked the answer "Other ailments (please only select if the above does not apply)" above:
Q: Please describe the type of ailments: _____

D: Please answer the question if you checked the answer "back pain" above:
Q: How severe was your back pain in the last week?

- ○ 0 (no pain)
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10 (worst pain that I can imagine)

D: Please answer the following question if you checked the answer "back pain" above:
Q: Where is your back pain located?

- right
- left
- center

D: Please answer the following question if you checked the answer "back pain" above:
Q: What increases your back pain? (Multiple selection possible)

- ☐ lying down
- ☐ sitting
- ☐ standing
- ☐ walking
- ☐ change of position (e.g. sitting up, standing up)
- ☐ my pain is always the same
- ☐ none of the above answers

D: Please answer the following question if you checked the answer "back pain" above:
Q: What relieves your back pain? (Multiple selection possible)

- ☐ lying down
- ☐ sitting (and leaning forward)
- ☐ exercising
- ☐ none of the above answers

D: Please answer the following question if you checked the answer "radiating pain in buttocks/legs/feet" above:
Q: How severe was your radiating pain in buttocks/legs/feet in the last week?

- 0 (no pain)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (worst pain that I can imagine)

D: Please answer the following question if you checked the answer "radiating pain in buttocks/legs/feet" above:
Q: Which side is affected by the radiating pain (in buttocks/legs/feet?

- right
- left
- both sides are about the same

D: Please answer the following question if you checked the answer "radiating pain in buttocks/legs/feet" above:
Q: Where does your pain radiate to? (Multiple selection possible)

- ☐ buttock region
- ☐ groin region
- ☐ thigh
- ☐ lower leg
- ☐ feet/Toes

D: Please answer the following question if you checked the answer "feet/Toes" above:
Q: In which region in the feet/toes is the pain most severe?

- arch of foot
- big toe
- outer edge of the foot
- heel/sole of foot

D: Please answer the following question if you checked the answer "radiating pain in buttocks/legs/feet" above:
Q: What increases your radiating pain? (Multiple selection possible)

- ☐ lying down or nocturnal pain
- ☐ sitting
- ☐ standing
- ☐ walking/running
- ☐ change in position (e.g. bending over, standing up, etc.)
- ☐ my pain is always the same
- ☐ none of the above answers

D: Please answer the following question if you checked the answer "radiating pain in buttocks/legs/feet" above:
Q: What relieves your radiating pain?

- ☐ lying down/resting
- ☐ sitting (and leaning forward)
- ☐ movement/physical activities
- ☐ my pain is always the same
- ☐ none of the above answers

D: Please answer the following question if you checked the answer "numbness/tingling" above:
Q: Where do you experience numbness or tingling? (Multiple selection possible)

- ☐ buttocks
- ☐ thigh
- ☐ lower leg
- ☐ feet/toes

D: Please answer the following question if you checked the answer "feet/toes" above:
Q: Which region is most affected by the numbness or tingling?

- ☐ instep of foot
- ☐ big toe
- ☐ outer edge of the foot
- ☐ heel/sole of foot

D: Please answer the following question if you checked the answer "weakness " above:
Q: Which weakness symptom did you notice? (Multiple selection possible)

- ☐ i have trouble lifting my whole leg
- ☐ i have trouble stretching my leg
- ☐ i have trouble bending my leg
- ☐ i have trouble lifting my foot
- ☐ i have trouble lifting my big toe
- ☐ i have trouble pushing my foot down
- ☐ my legs feel weak/tired/drowsy when I walk for a long time

D: Please answer the following question if you checked the answer "my legs feel weak/tired/drowsy when I walk for a long time" above:
Q: After approximately how many meters/kilometers of walking distance does the weakness or numbness in the legs occur?

- below 20m
- after approx. 200m
- between approx. 200m and 3km
- more than 3km

D: Please answer the following question if you checked the answer "my legs feel weak/tired/drowsy when I walk for a long time" above:
Q: I need to take a break (and bend over) so that the weakness or numbness in my legs goes away again?

- yes
- no

Q: How did your ailments arise?

- spontaneously
- after a wrong movement
- after an accident/fall

Q: How quickly did your symptoms occur?

- acute/sudden (within a few days)
- gradual (over weeks to months)

Q: How long have you been suffering from your symptoms?

- < 1 month
- for approx. 1-3 months
- for approx. 3-12 months
- for more than 12 months

Q: Have you had similar aliments in the past months or years?

- yes
- no

Q: What has been the trend of your ailments in the last weeks/months?

- my ailments have gotten better
- my ailments have remained the same
- my ailments have gotten worse

Q: Which treatment would you currently prefer?

- preferably surgical treatment
- don’t know
- preferably no surgical treatment

Q: Have you ever had surgery on your back?

- yes
- no

D: Please answer the following question if you checked the answer "yes" above:
Q: Where on your back have you been operated upon before?

- ☐ Cervical spine
- ☐ Thoracic spine
- ☐ Lumbar spine

Q: Are you currently taking any of the pain medications listed below? (Multiple selection possible) If your medicine is not listed, you can skip this question.

- ☐ Paracetamol (Acetalginn, Dafalgan, Panadol, Tylenol)
- ☐ NSAR (Brufen, Olfen, Ibuprofen, Xefo, Voltaren, Tilur, Ponstan, Celebrex, Arcoxia, Ponstan)
- ☐ Metamizol (Minalgin, Novalgin, NovaminsulfonSintetican)
- ☐ Opioids/Morphines (Targin, Oxycontin, Tramadol, Tramal)
- ☐ Methadone (Ketalgin, Methadon Streuli)
- ☐ Muscle-relaxants (Sirdalud, Mydocalm)
- ☐ I am currently not taking any pain medication

Q: Which of the following passive therapy approaches have you tried so far? (Multiple selection possible)

- ☐ rest/recovery
- ☐ massages
- ☐ chiropractic
- ☐ acupuncture
- ☐ i have not tried any of these therapies yet

Q: Which of the following active/invasive therapy approaches have you tried so far? (Multiple selection possible)

- ☐ Physiotherapy and strength-balance exercises
- ☐ Cortisone tablets/Cortisone depot injections (e.g. into the buttocks)
- ☐ Injections into the neck/back (infiltrations of nerve roots or joints)
- ☐ I have not tried any of these therapies so far

Q: Do you have any other relevant diseases and if yes, which ones?

- ☐ Tumor disease (e.g. lung tumor, breast tumor, prostate tumor)
- ☐ Fibromyalgia or connective tissue diseases
- ☐ Osteoporosis (e.g. vertebral fractures)
- ☐ Infectious diseases (e.g. HIV/AIDS, hepatitis)
- ☐ Depression
- ☐ No other diseases are known

Q: Please choose the situation that best describes your current living situation

- o at home without assistance
- o at home with assistance (Spitex, family etc.)
- o in a retirement or nursing home

Q: What is your employment status?

- o working full or part time
- o jobseeker/unemployed
- o retired
- o receiving disability pension
- o other

Q: Do you smoke?

- yes
- no
- quit

Q: How often do you drink alcohol?

- 4 times or more per week
- 2-3 times a week
- 2-4 times a month
- 1 time a month or less
- Never

You have now reached the end of the questionnaire. Thank you for taking the time to complete this survey.