

ZURICH Claudication Scale¹

¹Stucki G, Daltroy L, Liang MH, et al. Measurement properties of a self-administered outcome measure in lumbar spinal stenosis. *Spine* 1996; 21: 796–803

Brigham Spinal Stenosis Questionnaire, Swiss Spinal Stenosis Scoring, Swiss Spinal Stenosis Score, Swiss Spinal Stenosis Measure.

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O Questionário (Escala/Score) de Claudicação de Zurich, é um instrumento, utilizado especificamente na Estenose Espinal Lombar, e preenchido pelo próprio paciente para medir o desfecho do tratamento aplicado nesta patologia.

In the past month,

how would you describe: I. The pain you have had on the average, including pain in your back and buttocks, as well as pain that goes down the legs?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

II. How often have you had back, buttock, or leg pain?

1. Less than once a week
2. At least once a week
3. Every day, for at least a few minutes
4. Every day for most of the day
5. Every minute of the day

III. The pain in your back or buttocks?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

IV. The pain in your legs or feet?

1. None
2. Mild
3. Moderate
4. Severe

5. Very Severe

V. Numbness or tingling in your legs or feet?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

VI. Weakness in your legs or feet?

1. None
2. Mild
3. Moderate
4. Severe
5. Very Severe

VII. Problems with your balance?

1. No, I've had no problems with balance
3. Yes, sometimes I feel my balance is off, or that I am not surefooted
5. Yes, often I feel my balance is off, or that I am not surefooted

**In the past month,
on a typical day:**

VIII. How far have you been able to walk?

1. More than 2 miles
2. More than 2 blocks, but less than 2 miles
3. More than 50 feet, but less than 2 miles
4. Less than 50 feet

IX. Have you taken walks outdoors or around the shops for pleasure?

1. Yes, comfortably
2. Yes, but sometimes with pain
3. Yes, but always with pain
4. No

X. Have you been shopping for groceries or other items?

1. Yes, comfortably
2. Yes, but sometimes with pain
3. Yes, but always with pain
4. No

XI. Have you walked around the different rooms in your house or apartment?

1. Yes, comfortably
2. Yes, but sometimes with pain
3. Yes, but always with pain
4. No

XII. Have you walked from your bedroom to the bathroom?

1. Yes, comfortably
2. Yes, but sometimes with pain
3. Yes, but always with pain
4. No

**If you have had treatment
for your back or legs
recently, how satisfied
are you with:**

XIII. The overall result of your back operation?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

XIV. Relief of pain after your operation?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

XV. The ability to walk after your operation?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

XVI. Your ability to do housework, yardwork, or job after your operation?

1. Very Satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

XVII. Your strength in your thighs, legs, and feet?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

XVIII. Your balance, or steadiness, on your feet?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

TOTAL = _____ / 79 = _____ %