In the Last Month, How Would You Describe:

The pain you have had on average including pain in your back, buttocks and pain that goes down the legs?
  1- None
  2- Mild
  3- Moderate
  4- Severe
  5- Very Severe

How often have you had back, buttock, or leg pain?
  1- Less than once a week
  2- At least once a week
  3- Everyday, for at least a few minutes
  4- Everyday, for most of the day
  5- Every minute of the day

The pain in your back or buttocks?
  1- None
  2- Mild
  3- Moderate
  4- Severe
  5- Very Severe

The pain in your legs or feet?
  1- None
  2- Mild
  3- Moderate
  4- Severe
  5- Very Severe

Numbness or tingling in your legs or feet?
  1- None
  2- Mild
  3- Moderate
  4- Severe
  5- Very Severe

Weakness in your legs or feet?
  1- None
  2- Mild
  3- Moderate
  4- Severe
  5- Very Severe

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 sure-footed
  5- Yes, often I feel my balance is off, or that I am not sure-footed
In the Last Month, on a Typical Day:

How far have you been able to walk?
1- Over 2 miles
2- Over 2 blocks, but less than 2 miles
3- Over 50 feet, but less than 2 blocks
4- Less than 50 feet

Have you taken walks outdoors or in malls for pleasure?
1- Yes, comfortably
2- Yes, but sometimes with pain
3- Yes, but always with pain
4- No

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

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

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
How Satisfied Are You With:

The overall result of back operation?
1- Very satisfied
2- Somewhat satisfied
3- Somewhat dissatisfied
4- Very dissatisfied

Relief of pain following the operation?
1- Very satisfied
2- Somewhat satisfied
3- Somewhat dissatisfied
4- Very dissatisfied

Your ability to walk following the operation
1- Very satisfied
2- Somewhat satisfied
3- Somewhat dissatisfied
4- Very dissatisfied

Your ability to do housework, yard work, or job following the operation?
1- Very satisfied
2- Somewhat satisfied
3- Somewhat dissatisfied
4- Very dissatisfied

Your strength in the thighs, legs, and feet?
1- Very satisfied
2- Somewhat satisfied
3- Somewhat dissatisfied
4- Very dissatisfied

Your balance, or steadiness on your feet?
1- Very satisfied
2- Somewhat satisfied
3- Somewhat dissatisfied
4- Very dissatisfied