

Cervical Spine Pre-Treatment Form - Twin Cities Orthopedics

STICKER FIELD

If there is **not any sticker available** please write the required data below:

Patient First Name / Last Name:

Medical Record Number:

Date of Birth:

Date of Clinic Visit:

What's patient's height?

Feet

Inches

What's patient's weight?

Pounds



Planned Date of Surgery or Treatment Begin (MM/DD/YYYY)

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No Surgery or Treatment Scheduled Yet

Email: (Please provide your email address below for easy follow up)

Please choose ONE response for each question & FILL in the appropriate choices completely.

Correct Correct Wrong

Please select your surgeon from the list below:

- Jeffrey C Dick, MD
- David C Holte, MD
- Benjamin Mueller, MD, Ph.D.
- John E Sherman, MD
- Michael D Smith, MD



Race/Ethnicity (optional question): Please select one

- White
- Black or African-American
- Hispanic or Latino
- Asian
- American Indian and Alaska Native
- Native Hawaiian and Other Pacific Islander
- Other



Patient Demographics Information

Education Level: Please select the highest level of education you have received

- No schooling completed
- Less than 12th grade
- 12th grade, NO DIPLOMA
- High school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Do you currently smoke cigarettes or use any other tobacco products ? (Mark one response.)

- Yes
- No, I quit smoking or using any other tobacco products less than 6 months ago.
- No, I quit smoking or using any other tobacco products more than 6 months ago.
- No, I have never smoked or used any other tobacco products . (If select this choice; GO TO NEXT PAGE)

How many years have you been smoking/using or did you smoke/use cigarettes or any other tobacco products?

Years

On average, how many packs of cigarettes/tobacco products do you or did you smoke each day?

- ¼ pack per day or less (5 cigarettes or less)
- ½ pack per day
- 1 pack per day
- 1 ½ packs per day
- 2 packs or more per day



Surgery History & Comorbidities

Have you ever had any “neck related spine surgery” previously?

- No. I have never had “neck related spine surgery” previously
- I had 1 surgery
- I had 2 surgeries
- I had 3 or more surgeries

Comorbidities:

Do you have heart disease?

If you have heart disease, does it limit your activities?

Do you have lung disease?

If you have lung disease, does it limit your activities?

Do you have diabetes?

Do you have fibromyalgia?

YES

NO

Please continue to the next page



Under each heading, please select **ONE** choice that best describes your health **TODAY**.

Mobility (Please mark one response)



- I have no problems walking
- I have slight problems walking
- I have moderate problems walking
- I have severe problems walking
- I am unable to walk

Self-Care (Please mark one response)

- 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) (Please mark one response)

- I have no problems 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 (Please mark one response)

- 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 (Please mark one response)

- 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



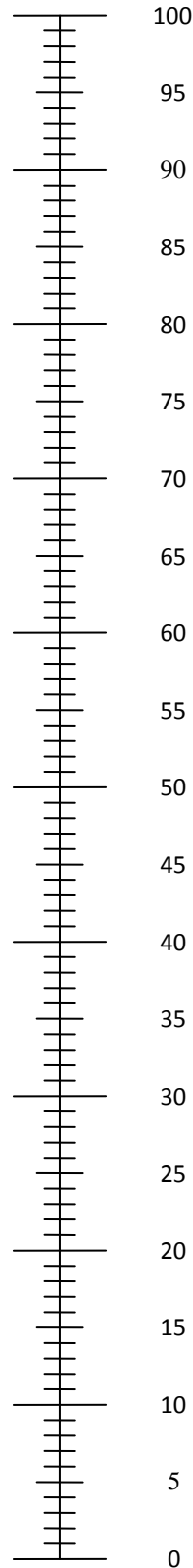
EQ-5D-5L™ (continues)

- 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.
- Select a number on the scale to indicate how your health is TODAY.
- Now, please write the number you selected on the scale in the box ABOVE.



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The best health
you can imagine



The worst health
you can imagine

Your Health Today (0-100)

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Please enter your health state score
above

NECK DISABILITY INDEX

This questionnaire is designed to give us information about how your NECK (or ARM) trouble affects your ability to manage your DAILY LIFE. Please answer every section and mark only the ONE CHOICE that applies to you. We realize that you may consider that two of the statements APPLY to you, but please just mark the CHOICE that most closely describes your problem.

1. Pain intensity (Please mark one response)



- I have no neck 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.

2. Personal care (Please mark one response)

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

3. Lifting No Lifting is Allowed (Please mark one response)

- I can lift heavy weights without causing extra neck pain.
- I can lift heavy weights, but it gives me extra neck pain.
- Neck pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- Neck pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.



4. Reading (Please mark one response)

- I can read as much as I want with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can't read as much as I want because of severe neck pain.
- I can't read at all.



NECK DISABILITY INDEX (continues)

5. Headaches (Please mark one response)



- 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.

6. Concentration (Please mark one response)

- I can concentrate fully without difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I can't concentrate at all.

7. Work (Please mark one response)

- I can do as much work as I want.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I can't do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

8. Driving (Please mark one response)

- I can drive my car without neck pain.
- I can drive my car with only slight neck pain.
- I can drive as long as I want with moderate neck pain.
- I can't drive as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- I can't drive my car at all because of neck pain.



NECK DISABILITY INDEX (continues)

9. Sleeping (Please mark one response)

- I have no trouble sleeping.
- My sleep is slightly disturbed for less than 1 hour.
- My sleep is mildly disturbed for up to 1-2 hours.
- My sleep is moderately disturbed for up to 2-3 hours.
- My sleep is greatly disturbed for up to 3-5 hours.
- My sleep is completely disturbed for up to 5-7 hours.

10. Recreation (Please mark one response)

- I am able to engage in all my recreational activities with no neck pain at all.
- I am able to engage in all my recreational activities with some neck pain.
- I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- I am able to engage in only a few of my recreational activities because of neck pain.
- I can hardly do recreational activities due to neck pain.
- I can't do any recreational activities due to neck pain.

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Please continue to the next and last questionnaire



VISUAL ANALOG PAIN SCALE – NECK PAIN

Indicate the severity of your pain today by FILLING in any one circle that most applies to you.



Neck Pain Questionnaire

NECK PAIN:

0
No Pain

10
Worst Possible Pain

RIGHT ARM PAIN:

0
No Pain

10
Worst Possible Pain

LEFT ARM PAIN:

0
No Pain

10
Worst Possible Pain

HIP PAIN: Only if you had donor bone removed from iliac crest, describe your hip pain.

N/A

0
No Pain

10
Worst Possible Pain

