

# Lumbar 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)**

/

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:**

- Paul C Biewen, MD
- Jeffrey C Dick, MD
- David C Holte, MD
- Benjamin Mueller, MD, Ph.D.
- John E Sherman, 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 “low back related spine surgery” previously?**

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

### **Comorbidities:**

Do you have heart disease?

**YES**

**NO**

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?



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

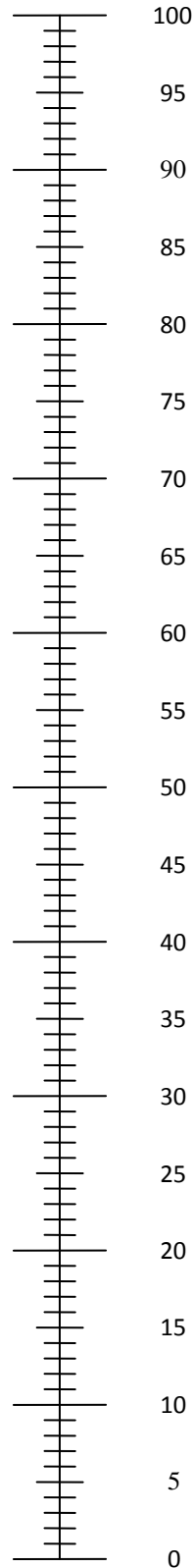


# EQ-5D-5L™ (continues)

- 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.



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

## OSWESTRY DISABILITY INDEX (2.1a)

This questionnaire is designed to give us information about how your BACK (or LEG) 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 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 (washing, dressing, etc.) (Please mark one response)



- I can look after myself normally without causing extra pain.
- I can look after myself normally but it is very painful.
- It is painful to look after 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, wash with difficulty and stay in bed.

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

- I can lift heavy weights without extra 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 they are conveniently positioned, e.g. on a table. <sup>2</sup>
- 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 (Please mark one response)

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than one mile.
- Pain prevents me walking more than a quarter of a mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.



**5. Sitting** (Please mark one response)

- I can sit in any chair as long as I like.
- I can 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 half an hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

**6. Standing** (Please mark one response)

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

**7. Sleeping** (Please mark one response)

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

**8. Sex life**  Not Applicable (Please mark one response)

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.



**9. Social life** (Please mark one response)

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

**10. Traveling** (Please mark one response)

- I can travel anywhere without 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 of less than one hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from travelling except to receive treatment.

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**Please continue to the next and last questionnaire**





# VISUAL ANALOG PAIN SCALE – LOW BACK PAIN

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



## Low Back Pain Questionnaire

### BACK PAIN:

0  
No Pain

10  
Worst Possible Pain

### RIGHT LEG PAIN:

0  
No Pain

10  
Worst Possible Pain

### LEFT LEG 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

