Matthew D. Hepler, M.D. Pediatric and Adult Spine Surgery
Leading expert in operative and non-operative treatment of the spine

Oswestry (2.0) Deformity

This questionnaire has been designed to give the doctor information as to how your back trouble (or leg) has affected your ability to manage in everyday life. Please answer **every section**. Mark **one box only** in each section that most closely describes you today.

Section 1 - Pain Intensity
0 I can tolerate the pain I have without having to use pain killers.
0 The pain is very mild at the moment.
0 The pain is very moderate at the moment.
0 The pain is fairly severe at the moment.
0 The pain is very severe at the moment.
0 The pain is the worst imaginable at the moment.

Section 2 - Personal Care (Washing, Dressing, etc.)
0 I can look after myself normally without causing extra pain.
0 I can look after myself normally, but it causes extra pain.
0 It is painful to look after myself and I am slow and careful.
0 I need some help but manage most of my personal care.
0 I need help every day in most aspects of self care.
0 I do not get dressed, wash with difficulty and stay in bed.

Section 3 - Lifting
0 I can lift heavy weights without extra pain.
0 I can lift heavy weights but it gives extra pain.
0 Pain prevents me from lifting heavy weights off the floor, but I manage it if they are conveniently positioned, (ex on a table).
0 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
0 I can lift only very light weights.
0 I cannot lift or carry anything at all.

Section 4 - Walking
0 Pain does not prevent me walking any distance.
0 Pain prevents me walking more than 1 mile.
0 Pain prevents me walking more than ½ of a mile.
0 Pain prevents me walking more than 100 yards.
0 I can only walk using a stick or crutches.
0 I am in bed most of the time and have to crawl to the toilet.

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Delray Beach Location
15300 Jog Rd, suite 110,
Delray Beach, Fl 33446

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Section 5 - Sitting
0 I can sit in any chair as long as I like.
0 I can only sit in my favorite chair as long as I like.
0 Pain prevents me from sitting more than 1 hour.
0 Pain prevents me from sitting more than 1/2 hour.
0 Pain prevents me from sitting more than 10 minutes.
0 Pain prevents me from sitting at all.

Section 6 - Standing
0 I can stand as long as I want without extra pain.
0 I can stand as long as I want but it gives me extra pain.
0 Pain prevents me from standing for more than 1 hour.
0 Pain prevents me from standing for more than ½ an hour.
0 Pain prevents me from standing for more than 10 minutes.
0 Pain prevents me from standing at all.

Section 7 - Sleeping
0 My sleep is never disturbed by pain.
0 My sleep is occasionally disturbed by pain.
0 Because of pain I have less than 6 hours sleep.
0 Because of pain I have less than 4 hours sleep.
0 Because of pain I have less than 2 hours sleep.
0 Pain prevents me from sleeping at all.

Section 8 - Sex Life (if applicable)
0 My sex life is normal and causes no extra pain.
0 My sex life is normal but causes some extra pain.
0 My sex life is nearly normal but is very painful.
0 My sex life is severely restricted by pain.
0 My sex life is nearly absent because of pain.
0 Pain prevents any sex life at all.

Section 9 - Social Life
0 My social life is normal and gives me no extra pain.
0 My social life is normal but increases the degree of pain.
0 Pain has no significant effect on my social life apart from limiting my more energetic interests, eg. dancing, etc.
0 Pain has restricted my social life and I do not go out as often.
0 Pain has restricted my social life to my home.
0 I have no social life because of pain.
Section 10 - Traveling
0 I can travel anywhere without extra pain.
0 I can travel anywhere but it gives me extra pain.
0 Pain is bad but I can manage journeys over two hours.
0 Pain restricts me to journeys of less than one hour.

0 Pain restricts me to short necessary journeys under 30 minutes.
0 Pain prevents me from traveling except to receive treatment.

Roland-Morris

	No	Yes
a. I stay at home most of the time because of my back.	0	0
b. I change position frequently to try and get my back comfortable.	0	0
c. I walk more slowly than usual because of my back.	0	0
d. Because of my back, I am not doing any of the jobs that I usually do around the house.	0	0
e. Because of my back, I use a handrail to get upstairs.	0	0
f. Because of my back problem, I lie down to rest more often.	0	0
g. Because of my back, I have to hold onto something to get out of an easy chair.	0	0
h. Because of my back, I try to get other people to do things for me.	0	0
i. I get dressed more slowly than usual because of my back.	0	0
j. I only stand for short periods of time because of my back.	0	0
k. Because of my back, I try not to bend or kneel down.	0	0
l. I find it difficult to get out of a chair because of my back.	0	0
m. My back is painful almost all the time.	0	0
n. I find it difficult to turn over in bed because of my back.	0	0
o. My appetite is not very good because of my back pain.	0	0
p. I have trouble putting on my socks (or stockings) because of the pain in my back.	0	0
q. I only walk short distances because of my back pain.	0	0
r. I sleep less well because of my back.	0	0
s. Because of my back pain, I get dressed with help from someone else.	0	0
t. I sit down for most of the day because of my back.	0	0

u. I avoid heavy jobs around the house because of my back.	0	0
v. Because of my back problem, I am more irritable and bad tempered with people than usual.	0	0
w. Because of my back, I go upstairs more slowly than usual.	0	0
x. I stay in bed most of the time because of my back.	0	0

SF-36v2
Patient Questionaire

1. In general your health is: 0 Excellent, 0 Very good 0 Good 0 Fair 0 Poor

2. Compared to one year ago, how would you rate your general health?
0 Much better 0 Somewhat better 0 Same 0 Somewhat worse 0 Much worse

3. The following questions are about your activites you might do during a typical day. Does your health limit these activites and if so how much?		Yes limited a lot	Yes limited a little	No, not limited at all
a.	Vigorous activities: running, heavy lifting heavy, strenuous sports	0	0	0
b.	Moderate activities: moving furniture, vacuuming, doing dishes, golfing	0	0	0
c.	Lifting or carrying groceries	0	0	0
d.	Climbing several flights of stairs	0	0	0
e.	Climbing one flight of stairs	0	0	0
f.	Bending, kneeling, stooping	0	0	0
g.	Walking greater than 1 mile	0	0	0
h.	Walking several blocks,	0	0	0
i.	Walking one block	0	0	0
j.	Bathing or dressing yourself	0	0	0

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activites as a result of your physical health?		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Cut down the amount of time you spent on work or other activities	0	0	0	0	0
b.	Accomplished lkess than you would like	0	0	0	0	0
c.	Were limited to the kind of work or other activities	0	0	0	0	0
d.	Had difficulty performing work or other activities (i.e took extra effort)	0	0	0	0	0

5. During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (ie feeling depressed/anxious)?		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Cut down the amount of time spent on work or other activites	0	0	0	0	0
b.	Accomplished less than you would like	0	0	0	0	0
c.	Didn't do work or other activites as carefully as usual	0	0	0	0	0

6. During the past 4 weeks, to what extent has your physical or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? 0 Not at all 0 Slightly 0 Moderately 0 Quite a bit 0 Extremely

7. How much bodily pain have you had during the past 4 weeks?
0 None 0 Very mild 0 Mild 0 Moderate 0 Severe 0 Very severe

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
(Mark one box) 0 Not at all 0 A little bit 0 Moderately 0 Quite a bit 0 Extremely

Sf-36 Patient Questionaire

9. These questions are about how you feel and how things have been with you during the last month. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past month..(mark one box on each line.)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you fell full of pep?	0	0	0	0	0
b. Have you been a very nervous person?	0	0	0	0	0
c. Have you felt so down in the dumps nothing could cheer you up?	0	0	0	0	0
d. Have you felt calm and peaceful?	0	0	0	0	0
e. Did you have a lot of energy?	0	0	0	0	0
f. Have you felt downhearted and blue?	0	0	0	0	0
g. Did you feel worn out?	0	0	0	0	0
h. Have you been a happy person?	0	0	0	0	0
i. Did you feel tired?	0	0	0	0	0

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activitie (like visiting friends or close relatives)?

0 All of the time 0 Most of the time 0 Some of the time 0 A little of the time 0 None of the time

11. How true or false is each of the statements for you?

	Definitely True	Mostly True	Dont Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	0	0	0	0	0
b. I am as healthy as anybody I know	0	0	0	0	0
c. I expect my health to get worse	0	0	0	0	0
d. My health is excellent	0	0	0	0	0

Additional commments

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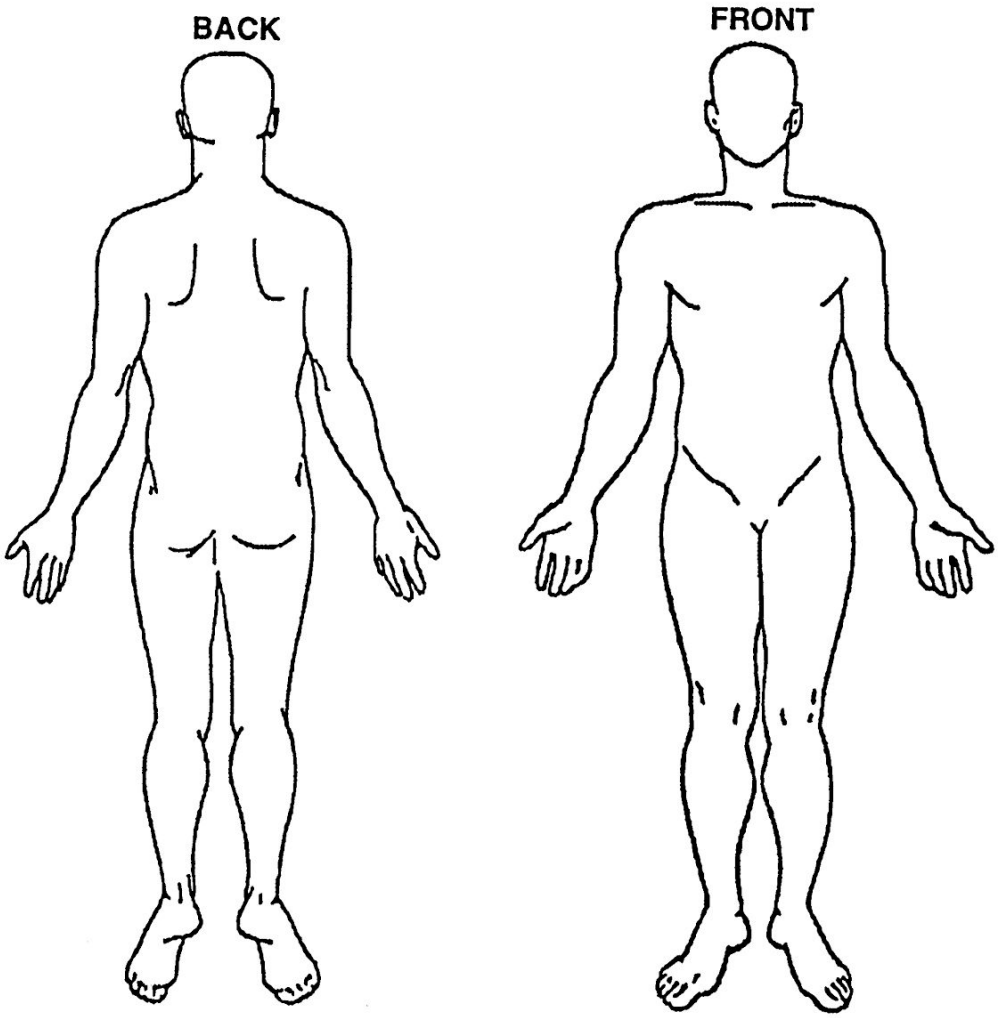
Pain Diagram

Mark the areas on your body where you feel the described sensation. Use the appropriate symbol. Mark areas of radiation. Include all affected areas.

Tingling 0000
Pain XXXX
Numbness IIII



1. Rate the severity of your pain using a scale from 0-10, 0 being no pain and 10 the greatest
   a. On average
      0_____10
   b. When the pain is at its worse
      0_____10

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