



**MSSIC Data Registry**  
**Lumbar Baseline**  
**Patient Questionnaire**

**Patient Name:** \_\_\_\_\_

**MRN:** \_\_\_\_\_

**Registry ID:** \_\_\_\_\_

**Date of Questionnaire:** \_\_\_\_\_

*We ask that you please complete this form as fully and accurately as possible. Some questions may be difficult, but we ask that you answer them to the best of your ability. Please be sure to follow the directions in each section. Clearly print responses and mark boxes where needed.*

*Thank you for your time filling out this questionnaire, your answers will help us to provide the best possible spine care.*

**Back & Leg Pain Scale**

Please describe your back and leg pain when off your pain medication. Please rate your back pain and leg pain on a scale of 0 to 10, where zero (0) would mean "no pain" and a ten (10) would mean "worst pain imaginable."

For example, describe your pain when you are off your medication, after your pain medication has worn off, when you are due to take your next pill, that is please describe how your pain would feel if you were not on pain medication.

Please rate your back pain on a scale of 0 to 10 over the past 7 days (0 through 10): \_\_\_\_\_

Now, please rate your leg pain on a scale of 0 to 10 over the past 7 days (0 through 10): \_\_\_\_\_

**Overall Quality of Life (EQ-5D) © EuroQol Research Foundation**

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By marking one box in each group below, please indicate which statements best describe your own health state today.

**Mobility**

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

**Self-Care**

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Usual Activities (e.g. work, study, housework, family or leisure activities)**

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Pain/Discomfort**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Anxiety/Depression**

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

**PROMIS short form - Physical Function ("Lumbar")**

**Please respond to each question or statement by marking one box per row.**

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go up and down stairs at a normal pace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go for a walk of at least 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Walking

On a daily basis, do you generally walk...

- Independently
- With an assistive device (cane or walker)
- Do not walk (wheelchair bound)

### Mood/Emotion

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Feeling down, depressed, or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

### Smoking History

Do you smoke (use) tobacco or use nicotine-containing e-cigarettes?

- Current every day smoker
- Current some days smoker
- Former smoker (quit more than 30 days ago)
- Never smoked
- Prefer not to answer

### Pain Medication

Do you take opioid painkillers **daily** to control your pain? (prescription medications such as Vicodin, Lortab, Norco, hydrocodone, codeine, Tylenol #3 or #4, fentanyl, Duragesic, MS Contin, Percocet, Tylox, OxyContin, oxycodone, methadone, tramadol, Ultram, Dilaudid)

- Yes
- No

If "Yes":

How long have you been using opioid painkillers on a daily basis?

- Less than 3 weeks
- 3 weeks but less than 6 weeks
- 6 weeks but less than 3 months
- 3 months but less than 6 months
- 6 months or greater

If "Yes":

Is this use of narcotic/opioid pain medication to control the same pain for which you are planning to have back or neck surgery?

- Yes
- No

### Is this back/neck problem related to...

a motor vehicle injury?

- Yes
- No
- Unknown

a Workers Compensation Claim?

- Yes
- No
- Undecided
- Prefer not to answer

a Liability or Disability Insurance Claim?

- Yes
- No
- Undecided
- Prefer not to answer

**Employment...**

Are you working?

- Yes - Full-time       Retired  
 Yes - Part-time       Volunteering  
 No       On disability

*If "Are you working?" is "Yes - Part-time"; "Retired"; or "No":*

Are you part-time, retired, or not working because of your back or neck problems?

- Yes       No

*If "Yes" Either "Full-time" or "Part-time":*

Does your job require you to stand up to 6 hours per day?

- Yes       No

Does your job require you to lift ...

- Frequently more than 50 pounds  
 Frequently more than 25 pounds and occasionally 50 pounds  
 Frequently 10 pounds and occasionally 25 pounds  
 Occasionally up to 10 pounds

Regardless of your current work status, do you plan to return to work after your surgery?

- Yes       No       Unknown

**Additional Information...**

Race/Ethnicity

- American Indian       Multi-Racial/Other  
 Asian       Native Hawaiian/Pacific Islander  
 Black or African American       White  
 Hispanic or Latino       Unknown/Refused

Level of Education

- Less than High School       Four-Year College Degree  
 High School Diploma or GED       Post-College  
 Two-Year College Degree

What is your preference for future contact for this study?

- E-mails with access to web-based questionnaires - E-mail address: \_\_\_\_\_  
 Your facility's patient portal (where you view your medical record online). Example: MyChart  
 Telephone calls with questionnaires by interview process - Phone number: \_\_\_\_\_  
 Mailings with paper questionnaires to be returned