Spinal Stenosis Treatment Outcome Questionnaire

Name ____ Age_____ Date_______

Score______

SYMPTOM SEVERITY SCALE

In the LAST MONTH, how would you describe:	**1**	**2**	**3**	**4**	**5**
1. The pain you have had on average including pain in your back, buttocks and pain that goes down the legs?	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
2. How often have you had back, buttock, or leg pain?	< once a week	At least once a week	Everyday, for at least a few minutes	Everyday, for most of the day	Everyday, every minute of the day
3. The pain in your back or buttocks?	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
4. The pain in your legs or feet?	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
5. Numbness or tingling in your legs or feet?	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
6. Weakness in your legs or feet?	NONE	MILD	MODERATE	SEVERE	VERY SEVERE
7. Problems with your balance?	NONE		SOMETIMES balance is off, less sure footed		OFTEN balance is off and not sure footed

PHYSICAL FUNCTION SCALE

In the LAST MONTH, on a typical day:	**1**	**2**	**3**	**4**
1. How far have you been able to walk?	> 2 miles	> 2 blocks but < 2 miles	> 50 feet but < 2 blocks	Less than 50 feet
2. Have you taken walks outdoors or in malls for pleasure?	Yes, comfortably	Yes, but sometimes with pain	Yes, but always with pain	No
3. Have you been shopping for groceries or other items?	Yes, comfortably	Yes, but sometimes with pain	Yes, but always with pain	No
4. Have you walked around the different rooms in your house or apartment?	Yes, comfortably	Yes, but sometimes with pain	Yes, but always with pain	No
5. Have you walked from your bedroom to the bathroom?	Yes, comfortably	Yes, but sometimes with pain	Yes, but always with pain	No

SATISFACTION SCALE

How satisfied are you with:	Very Satisfied	Somewhat Satisfied	Somewhat dissatisfied	Very dissatisfied
1. The overall result of back operation?				
2. Relief of pain following the operation?				
3. Your ability to walk following the operation?				
4. Your ability to do housework, yard work, or job following the operation?				
5. Your strength in the thighs, legs, and feet?				
6. Your balance, or steadiness on your feet?				