



DR ANIL NAIR
Spinal Surgeon
 BMed, FRACS
 PO BOX 8139
 Westpoint Blacktown 2148
 NSW Australia
 P 02 8824 4944
 F 02 9012 0099
 E info@sydneyspinedoc.com.au
 W sydneyspinedoc.com.au
Practice Locations:
 Sydney | Western Sydney
 Miranda | South Coast

Thoracolumbar Questionnaire

To be completed by the PATIENT (in Doctors rooms)

Directions: The following standardised questionnaires have been designed to give the doctor information about your general health and how your back/leg pain has affected your ability to manage your everyday life. **Please answer every question. Mark only one answer for each question.** Where a range of statements are provided, please mark only the one that most closely describes your situation.

Place patient label sticker here

Office use only

MRN	
BMI	
VAS (Back)	
VAS (Leg)	
OLBP	

TODAY'S DATE: _____

NAME: _____ DOB: _____ HEIGHT: _____ WEIGHT: _____

To assist us with any queries regarding this or future questionnaires, would you be so kind to please provide your preferred contact details:

Phone: _____ Email: _____

-
1. Have you had previous surgery related to your current symptoms? O Yes O No
 2. If YES, please provide details (date, procedure, surgeon, levels, outcome ect.)

-
3. For how long have you had the symptoms for which you are here today? _____ months
 4. What was the precipitant of your symptoms (ie was there an injury)? O Yes O No
 5. Does your back/leg pain prevent you carrying out normal daily activities (i.e. work or home duties)? O Yes O No
 6. If YES, for how long have you been unable to carry out normal daily activities? _____ months
-

7. **Are you a smoker?** O Yes O No

8. **If YES, how many per day?** _____ per day

9. **Please list the type and frequency of the pain relief medication you have used *on average during the last week* for your back/leg pain.**

	<i>Usages Per Day</i>			
	None/ Occasionally	Some Days	Everyday (once or twice)	Several times a day
(i) Prescription medication	O	O	O	O
(ii) Non-prescription medication	O	O	O	O

10. **Please indicate if you have any of the below symptoms (if yes, please tick the box and provide details ie location, severity, frequency ect)**

- Weakness (ie foot drop) _____
- Numbness _____
- Pins and Needles _____
- Balance Impairment _____
- Gait Disturbance (ie limping, leaning ect.) _____
- Bowel or Bladder Dysfunction _____

11. **Please indicate is your condition...**

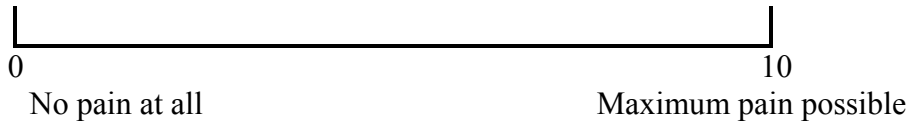
- Getting Worse
- The same over time
- Getting better since original onset

12. **Is your current health predicament the subject of a workers compensation or third party accident insurance claim?** O Yes O No

PLEASE ANSWER EVERY QUESTION

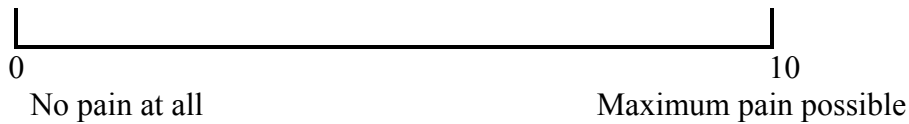
1. With regard to your ***BACK*** pain, please mark (with a “X” on the lines below) the amount of pain you have had in the last week:

NOT APPLICABLE (no back pain)



2. With regard to your ***LEG*** pain, please mark (with a “X” on the lines below) the amount of pain you have had in the last week:

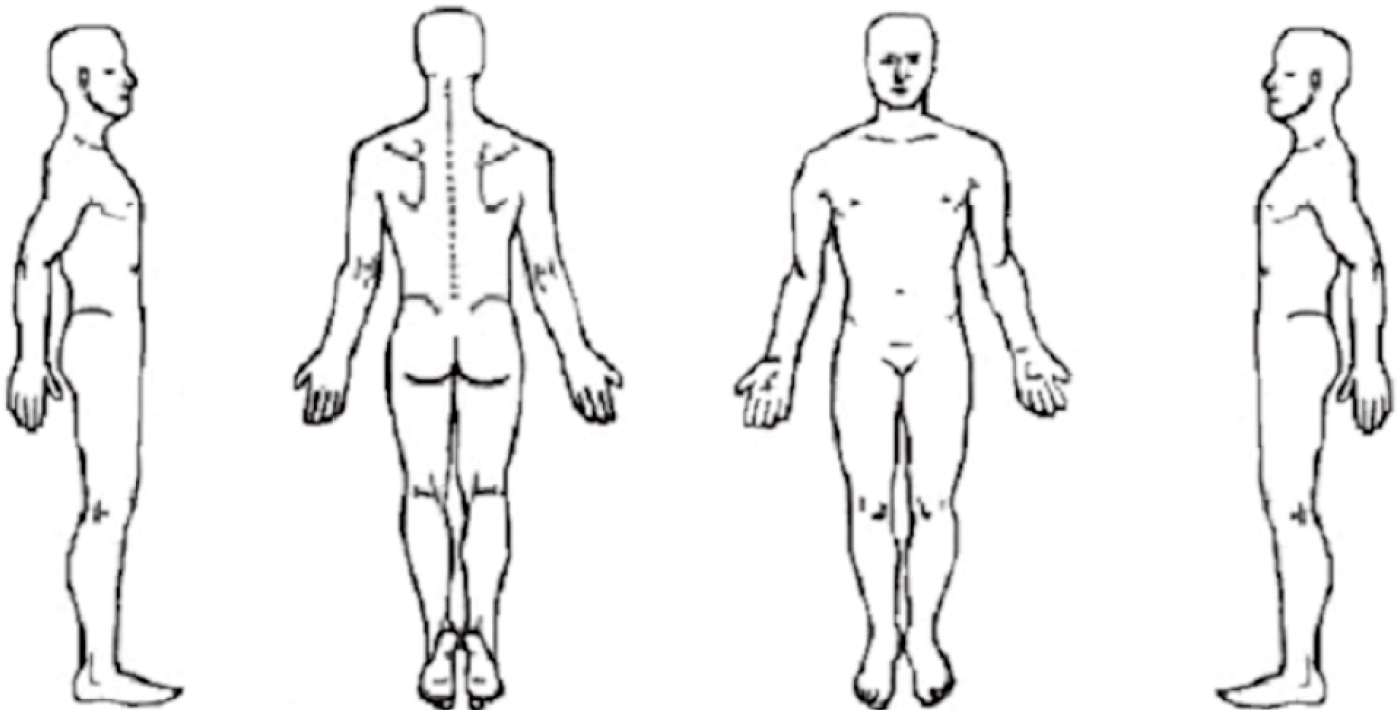
NOT APPLICABLE (no leg pain)



3. Please indicate on the below diagram areas where you are experiencing pain and numbness.

Indicate ‘pain’ using the letter ‘P’

Indicate ‘numbness’ using the letter ‘N’



Right

Back

Front

Left

PLEASE TURN PAGE TO CONTINUE THE QUESTIONNAIRE

PLEASE ANSWER EVERY QUESTION

Where a range of statements are provided, please mark only the answer that most closely describes your situation.

1. Pain intensity (mark only one answer)

- I can tolerate the pain I have without having to use pain killers.
- The pain is bad but I manage without taking pain killers.
- Pain killers give complete relief from pain.
- Pain killers give moderate relief from pain.
- Pain killers give very little relief from pain.
- Pain killers have no effect on the pain and I do not use them.

2. Personal Care (washing, Dressing, etc.) (mark only one answer)

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

3. Lifting (mark only one answer)

- 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.
- 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 (mark only one answer)

- Pain does not prevent me walking any distance.
- Pain prevents me walking more than 2 kilometres.
- Pain prevents me walking more than 1 kilometre.
- Pain prevents me walking more than ½ a kilometre.
- 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 (mark only one answer)

- I can sit in any chair as long as I like.
- I can only sit in my favourite chair as long as I like.
- Pain prevents me sitting more than one hour.
- Pain prevents me from sitting more than thirty minutes.
- Pain prevents me from sitting more than ten minutes.
- Pain prevents me from sitting at all.

PLEASE TURN PAGE TO CONTINUE THE QUESTIONNAIRE

PLEASE ANSWER EVERY QUESTION

Where a range of statements are provided, please mark only the answer that most closely describes your situation.

6. Standing *(mark only one answer)*

- 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 one hour.
- Pain prevents me from standing for more than thirty minutes.
- Pain prevents me from standing for more than ten minutes.
- Pain prevents me from standing at all.

7. Sleeping *(mark only one answer)*

- Pain does not prevent me from sleeping well.
- I can sleep well only by using tablets.
- Even when I take tablets I have less than six hours sleep.
- Even when I take tablets I have less than 4 hours sleep.
- Even when I take tablets I have less than two hours sleep.
- Pain prevents me from sleeping at all.

8. Sex life *(mark only one answer)*

- 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 *(mark only one answer)*

- My social life is normal and gives 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. dancing, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

10. Travelling *(mark only one answer)*

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me 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 thirty minutes.
- Pain prevents me from travelling except to the doctor or hospital.