

4. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?

- Very happy
- Somewhat happy
- Neither happy nor unhappy
- Somewhat unhappy
- Very unhappy

5. What is your current level of activity?

- Bedridden
- Primarily no activity
- Light labor and light sports
- Moderate labor and moderate sports
- Full activities without restriction

6. How do you look in clothes?

- Very good
- Good
- Fair
- Bad
- Very bad

7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?

- Very often
- Often
- Sometimes
- Rarely
- Never

8. Do you experience back pain when at rest?

- Very often
- Often
- Sometimes
- Rarely
- Never

9. What is your current level of work/school activity?

- 100% normal
- 75% normal
- 50% normal
- 25% normal
- 0% normal

(CONTINUED ON NEXT PAGE)

10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities?

- Very good
- Good
- Fair
- Poor
- Very Poor

11. Which one of the following best describes your pain medication use for back pain?

- None
- Non-narcotics weekly or less (e.g., aspirin, Tylenol, Ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)
- Narcotics daily

12. Does your back limit your ability to do things around the house?

- Never
- Rarely
- Sometimes
- Often
- Very Often

13. Have you felt calm and peaceful during the past 6 months?

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

14. Do you feel that your back condition affects your personal relationships?

- None
- Slightly
- Mildly
- Moderately
- Severely

(CONTINUED ON NEXT PAGE)

15. Are you and/or your family experiencing financial difficulties because of your back?

Severely
Moderately
Mildly
Slightly
None

16. In the past 6 months have you felt down hearted and blue?

Never
Rarely
Sometimes
Often
Very often

17. In the last 3 months have you taken any days off of work, including household work, or school because of back pain?

0 days
1 day
2 days
3 days
4 or more days

18. Does your back condition limit your going out with friends/family?

Never
Rarely
Sometimes
Often
Very often

19. Do you feel attractive with your current back condition?

Yes, very
Yes, somewhat
Neither attractive nor unattractive
No, not very much
No, not at all

20. Have you been a happy person during the past 6 months?

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

(CONTINUED ON NEXT PAGE)

21. Are you satisfied with the results of your back management?

- Very satisfied
- Satisfied
- Neither satisfied nor unsatisfied
- Unsatisfied
- Very unsatisfied

22. Would you have the same management again if you had the same condition?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

Thank you for completing this questionnaire. Please comment if you wish.

3-10-06

END