



**INSTRUCTIONS:** This survey asks for your views about your low back pain and/or leg pain (sciatica). This information will be summarized in your medical record and will help your doctors keep track of how you feel and how well you are able to do your usual activities. Answer every question by checking the box(es) next to the most appropriate answer.

<b>TODAY'S DATE IS:</b> _____ / _____ / _____	104.49
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1. How long ago did your current episode begin? (check one box) 104.243  
 < 2 weeks ago  
 2 weeks to < 8 weeks ago  
 8 weeks to < 3 months ago  
 3 months to < 6 months ago  
 6 to 12 months ago  
 > 12 months ago
2. Have you had back symptoms before your current episode? (check one box) 104.245  
 No  
 Yes, 1 episode  
 Yes, 2 + episodes
3. Currently, do you have leg pain? (check one box) 104.249  
 No  
 Yes
4. Which hurts you more, your legs or back? (check one box) 104.261  
 Legs hurt much more  
 Legs hurt somewhat more  
 Legs and back hurt about the same  
 Back hurts somewhat more  
 Back hurts much more

**In the last week, please tell us how pain has affected your ability to perform the following daily activities. Mark the one statement that best describes your average ability.**

5. Walking (In the last week): 104.267  
 Pain does not prevent me from walking.  
 Pain prevents me from walking more than 1 hour.  
 Pain prevents me from walking more than 30 minutes.  
 Pain prevents me from walking more than 10 minutes.  
 I can only walk a few steps at a time.  
 I am unable to walk.
6. Sleeping (In the last week): 104.270  
 I sleep well.  
 Pain occasionally interrupts my sleep.  
 Pain interrupts my sleep half the time.  
 Pain often interrupts my sleep.  
 Pain always interrupts my sleep.  
 I never sleep well.

7. Do you currently smoke cigarettes? (check one box)

104.280

- I have never smoked
- Yes
- No, I quit in the last six months
- No, I quit more than six months ago

**IF YOU PHYSICIAN HAS RECOMMENDED OR SCHEDULED SURGERY FOR YOU, PLEASE ANSWER THE QUESTIONS BELOW.**

8. Why do you choose to have surgery for your low back pain or leg pain (sciatica) at this time?

(check all that apply)

104.285

- 1. To relieve pain
- 2. So I can do more household or yard activities
- 3. To sleep more comfortably
- 4. So I can do community activities, such as shopping or going to visit friends
- 5. So I can go back to my usual job
- 6. So I can do more sports, go biking, or go for long walks
- 7. My family convinced me to have this operation
- 8. My doctor convinced me to have this operation
- 9. My attorney thought it might help
- 10. Other \_\_\_\_\_