

Place patient sticker here

Please provide one answer for each question. Please circle your answer. If you are unsure how to answer a question, please choose the answer that fits best. You may skip questions you do not wish to answer.

1. Why are you having this upcoming procedure? **(Circle all that apply)**
 1. Treat or cure a medical condition
 2. Decrease pain
 3. Improve my ability to perform daily life activities
 4. Improve my quality of life
 5. Prolong my life
 6. Doctor said I needed the procedure

2. Do you have pain now? **(Circle all that apply)**
 1. Yes, but NOT RELATED to my need for surgery
 2. Yes, and RELATED to my need for surgery
 3. No **(Skip to question #4)**

3. On a scale of zero to ten, with zero being no pain and ten being the worst pain, please circle in your current pain level.

0 1 2 3 4 5 6 7 8 9 10

4. What is your **expectation** about **pain** a month after your surgery?
 1. I have pain now and expect to have less pain
 2. I have pain now and expect it to stay the same
 3. I have pain now but I expect to have more pain
 4. I have no pain now but I expect to have pain
 5. I have no pain now and I do not expect to have pain
 6. Don't know

5. In your opinion, how long would it take you to return to your **normal life activities** after you surgery:
 1. Less than 1 week
 2. 1-4 weeks
 3. 1-3 months
 4. 3-6 months
 5. More than 6 months

This section is about your general health. These questions do not necessarily relate to your upcoming procedure.

6. In the past six months, how many times have you had a **fall, including a slip or trip** in which you lost your balance and landed on the floor or ground or lower level?
 1. Zero (0) **(Skip to question #8)**
 2. One time (1)
 3. Two times (2)
 4. Three or more (>2)

7. Did any of your falls result in the following? **(Circle all that apply)**
 1. No injury
 2. Bruising, sprains or cuts
 3. Reduced mobility
 4. A fear of falling
 5. Severe pain
 6. Injury causing you to seek medical treatment
 7. Broken bone
 8. Head injury
 9. A change from independent living to assisted living

8. In general, would you say your health is:
 1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor

9. Compared to one year ago, how would you rate your **physical health** in general now?
 1. Much better
 2. Slightly better
 3. About the same
 4. Slightly worse
 5. Much worse

10. Compared to one year ago, how would you rate your **emotional health** now? (Such as feeling anxious, depressed or irritable)
 1. Much better
 2. Slightly better
 3. About the same
 4. Slightly worse
 5. Much worse

11. Does **your health now limit you** in **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?
 1. Yes, limited a lot
 2. Yes, limited a little
 3. No, not limited at all

12. Does **your health now limit you** in **climbing** several flights of stairs? If so, how much?
 1. Yes, limited a lot
 2. Yes, limited a little
 3. No, not limited at all

13. **As a result of your physical health**, during the past 4 weeks, have you **accomplished less** than you would like with your work or other regular daily activities?
 1. No, none of the time
 2. Yes, a little of the time
 3. Yes, some of the time
 4. Yes, most of the time
 5. Yes, all of the time

14. As a result of your physical health, during the past 4 weeks, were you **limited in the kind of work** or other activities you can perform?

1. No, none of the time
2. Yes, a little of the time
3. Yes, some of the time
4. Yes, most of the time
5. Yes, all of the time

15. As a result of any emotional problems (such as feeling depressed or anxious), during the past 4 weeks, have you **accomplished less** than you would like with your work or other regular daily activities?

1. No, none of the time
2. Yes, a little of the time
3. Yes, some of the time
4. Yes, most of the time
5. Yes, all of the time

16. As a result of emotional problems (feeling depressed or anxious), during the past 4 weeks, have you **not done work** or other activities as carefully as usual?

1. No, none of the time
2. Yes, a little of the time
3. Yes, some of the time
4. Yes, most of the time
5. Yes, all of the time

17. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

18. How much of the time during the past 4 weeks have you felt **calm and peaceful**?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little bit of the time
6. None of the time

19. How much of the time during the past 4 weeks did you have **a lot of energy**?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little bit of the time
6. None of the time

20. How much of the time during the past 4 weeks have you felt **downhearted and blue**?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little bit of the time
6. None of the time

21. How much of the time during the past 4 weeks has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time

22. If your ability to perform work is **10 when you are at your best** and **0 when you are unable to work**, circle the number that represents your ability to work this past week.

0 1 2 3 4 5 6 7 8 9 10

23. What is your current work status?

1. Employed
2. Volunteer work
3. Unemployed looking for work
4. Unemployed not looking for work (**End of survey**)
5. Student
6. Homemaker
7. Retired (**End of survey**)
8. Disabled (**End of survey**)

24. Does your health limit you in your current work (**job or studies or housework**)?

1. I am not limited by my health
2. I am able to do my job with difficulty
3. I sometimes have to work slowly
4. I often have to work slowly
5. I am only able to do my job part time
6. I am entirely unable to do my job

25. Do you believe that, from the standpoint of your health, you will be able to **do your current job** in 1 month?

1. Yes (**End of survey**)
2. No
3. Not sure

26. Do you believe that, from the standpoint of your health, you will be able to **do your current job** in 1 year?

4. Yes
5. No
6. Not sure