



Cervical Surgical Patient Satisfaction

SPECTRUM NEUROSURGERY

THE BRAIN & SPINE SPECIALIST

Patient Name: _____

Date of Encounter ____/____/____

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
1. I can do the things I thought I would be able to do after surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Surgery helped as much as I thought it would.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pain was reduced as much as I expected it to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Benefits of my care outweighed the setbacks it caused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall I am happy with the care I received for my neck and/or arms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All things considered, I would have the surgery again for the same condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. On a scale from 0 to 10, mark your level of NECK pain/discomfort (0 = none, 10 = unbearable)

1 2 3 4 5 6 7 8 9 10

8. On a scale from 0 to 10, mark your level of ARM pain/discomfort (0 = none, 10 = unbearable)

1 2 3 4 5 6 7 8 9 10

9. If you were employed prior to surgery, what is your current work status?

- Returned to same job
- Returned to different job
- If not employed prior to surgery, proceed to Question 12

10. What date did you return to work?

____/____/____

11. Current work status:

- Full-time
- Part-time
- Restricted activity

12. Are you now receiving or seeking workers' compensation for your neck/arm condition?

- YES
- NO

13. Have you been or are you currently involved in legal action/lawsuit because of neck/arm condition?

- YES
- NO

14. How regularly do you perform neck exercise recommended by your healthcare provider?

- Regularly
- Most of the time
- Occasionally
- Very little
- Do not perform them
- No neck exercise were recommended

15. How often do you follow the neck precautions recommended by your healthcare provider?

- Regularly
- Most of the time
- Occasionally
- Very little
- Do not perform them
- No neck precautions were recommended

16. Do you currently smoke?

- YES
- NO

Completed by: