



Low Back 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 back/legs.	<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 BACK 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 LEG 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 back exercises recommended by your healthcare provider?

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

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

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

16. Do you currently smoke?

- YES
- NO

Completed by: