POSTOPERATIVE QUESTIONNAIRE



Are you work disabled: Yes No

Do you suffer from chronic back pain: Yes No

If you are a full-time parent, how many days after surgery did it take you to get back to full-time parenting \_\_\_\_\_\_. What was your pain level 0 to 10 \_\_\_\_\_\_

**Answer the questions below if you have a job:**

If you have a job, do you work part time\_\_\_\_\_ or full time \_\_\_\_\_?

Does your work require hard labor: Yes No

If yes, were you required to perform hard labor the first day you returned to work: Yes No

After your surgery:

1. How many days did it take you to return to work:
	1. Part time \_\_\_\_\_\_\_\_ days What was your pain level 0 to 10 \_\_\_\_\_\_
	2. Full time \_\_\_\_\_\_\_\_\_ days What was your pain level 0 to 10 \_\_\_\_\_\_
2. How many days did it take for your pain level drop to a 5/10 \_\_\_\_\_\_
3. How many days did it take for your pain level drop to a 2/10 \_\_\_\_\_\_

How many days did it take for you to feel like your overall condition was better after surgery than it was before surgery \_\_\_\_\_\_\_. It never got better: \_\_\_\_\_

After you thought you were better, at anytime did your condition get worse again: Yes No