

POSTOPERATIVE QUESTIONNAIRE

Name: _____ DOB: _____ Date: _____

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:
 - a. Part time _____ days What was your pain level 0 to 10 _____
 - b. 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