

# Spinal (Lumbar Degenerative) Pathway (BSR) - ZCQ Zurich Claudication Questionnaire

In the past month, how would you describe:

The pain you have had on the average, including pain in our back and buttocks, as well as pain that goes down the legs?

- None      Mild      Moderate      Severe      Extreme

In the past month, how would you describe:

How often have you had back, buttock, or leg pain?

- Less than once a week      At least once a week      Everyday for at least a few minutes  
Every day for most of the day      Every minute of the day

In the past month, how would you describe:

The pain in your back or buttocks?

- None      Mild      Moderate      Severe      Extreme

In the past month, how would you describe:

The pain in your legs or feet?

- None      Mild      Moderate      Severe      Extreme

In the past month, how would you describe:

Numbness or tingling in your legs or feet?

- None      Mild      Moderate      Severe      Extreme

In the past month, how would you describe:

Weakness in your legs or feet?

- None      Mild      Moderate      Severe      Extreme

In the past month, how would you describe:

Problems with your balance?

- No – I've had no problems with balance  
Yes – Sometimes I feel my balance is off, or that I am not surefooted  
Yes – Often I feel my balance is off, or that I am not surefooted

In the past month, on a typical day:

How far have you been able to walk?

- More than 2 miles     More than 2 blocks, but less than 2 miles     More than 50 feet, but less than 2 miles  
 Less than 50 feet

In the past month, on a typical day:

Have you taken walks outdoors or around the shops for pleasure?

- Yes - Comfortably     Yes – But sometimes with pain     Yes- But always with pain     No

In the past month, on a typical day:

Have you been shopping for groceries or other items?

- Yes - Comfortably     Yes – But sometimes with pain     Yes- But always with pain     No

In the past month, on a typical day:

Have you walked around the different rooms in your house or apartment?

- Yes - Comfortably     Yes – But sometimes with pain     Yes- But always with pain     No

In the past month, on a typical day:

Have you walked from your bedroom to the bathroom?

- Yes - Comfortably     Yes – But sometimes with pain     Yes- But always with pain     No

Have had treatment for your back or legs recently? (Surgery or Injection)

- No     Yes

**If you answered No** to the above question 'Have had treatment for your back or legs recently? (Surgery or Injection)' you do not need to answer any more questions.

**If you answered Yes** to the above question 'Have had treatment for your back or legs recently? (Surgery or Injection)' please continue to answer the remaining questions.

How satisfied are you with:

The overall result of your back operation?

- Very satisfied     Somewhat satisfied     Somewhat dissatisfied     Very dissatisfied

How satisfied are you with:

Relief of pain after your operation?

Very satisfied      Somewhat satisfied      Somewhat dissatisfied      Very dissatisfied

How satisfied are you with:

The ability to walk after your operation?

Very satisfied      Somewhat satisfied      Somewhat dissatisfied      Very dissatisfied

How satisfied are you with:

Your ability to do housework, yardwork, or job after your operation?

Very satisfied      Somewhat satisfied      Somewhat dissatisfied      Very dissatisfied

How satisfied are you with:

Your strength in your thighs, legs, and feet?

Very satisfied      Somewhat satisfied      Somewhat dissatisfied      Very dissatisfied

How satisfied are you with:

Your balance, or steadiness, on your feet?

Very satisfied      Somewhat satisfied      Somewhat dissatisfied      Very dissatisfied