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