

To be filled out by the patient

Patient:

*Last*                      *First*                      *MI*                      :

Date :                      /                      /                      Investigator:                      *Last*                      *First*                      *MI*

Please Read: This survey has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the one box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please just mark the box *whi ch* most closely describes your problem.

**PART I:~Symptom Severity Scale**

In the last month, how would you describe;

Question 1. The pain you have had on average including the pain in you back, buttocks and pain that goes down your legs?

1 None     2 Mild                       3 Moderate     4 Severe     5 Very Severe

Question 2. How often have you had back, buttock, or leg pain?  1 Less than once a week  
 2 At least once a week

3 Everyday, for at least a few minutes     4 Everyday, for most of the day

5 Every minute of the day

Question 3. The pain in your back or buttocks?

1 None     2 Mild                       3 Moderate     4 Severe     5 Very Severe

Question 4. The pain in your legs or feet?

1 None     2 Mild                       3 Moderate     4 Severe     5 Very Severe

Question 5. Numbness or tingling in your legs or feet?

1 None     2 Mild                       3 Moderate     4 Severe     5 Very Severe

Question 6. Weakness in your legs or feet?

1 None     2 Mild                       3 Moderate     4 Severe     5 Very Severe

Question 7. Problems with your balance?  1 No, I have had no problems with balance  2 Yes, sometimes I feel my balance is off, or that I am not sure footed  3 Yes, often I feel my balance is off, or hat I am not sure footed

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Zurich Claudication  
Questionnaire  
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Last First MI

PART 2: Physical Function Scale

In the last month, on a typical day;

Question 8. How far have you been able to walk? F1 1 Over 2 miles  
[] 2 Over 2 blocks, but less than two miles 3 Over 50 feet, but less than 2 blocks F1  
4 Less then 50 feet

Question 9. Have you taken walks outdoors or in the malls? (~ 1 Yes, comfortably  
2 Yes, but sometimes with pain F 3 Yes, but always with  
pain [14 No

Question 10. Have you been shopping for groceries or other items? F ] 1 Yes, comfortably  
F1 2 Yes, but sometimes with pain F 3 Yes, but always  
with pain F]4 No

Question 11. Have you walked around the different rooms in your house or apartment? [] 1  
Yes, comfortably  
0 2 Yes, but sometimes with pain  
F] 3 Yes, but always with pain [:14  
No

Question 12. Have you walked from your bedroom to the bathroom? [] 1 Yes, comfortably  
F1 2 Yes, but sometimes with pain [] 3 Yes, but always  
with pain n 4 No

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Case Report Form Z( Page 3 of

Patient:

Last First

Date : J / Investigator:  
Social Security Number: J

Last First Mi

Part 3; Satisfaction Scale

How satisfied are you with:

Question 13. The overall result of back operation?  1 Very satisfied  
F] 2 Somewhat satisfied  3 Somewhat dissatisfied F] 4 Very  
dissatisfied

Question 14. Relief of pain following the operation?  1 Very satisfied  
E] 2 Somewhat satisfied Q 3 Somewhat dissatisfied F] 4 Very  
dissatisfied

Question 15. Your ability to walk following the operation? F] 1 Very satisfied  
F] 2 Somewhat satisfied F] 3 Somewhat dissatisfied F] 4  
Very dissatisfied

Question 16. Your ability to do  1 Very satisfied  
F] 2 Somewhat satisfied F] 3 Somewhat dissatisfied F] 4 Very dissatisfied  
housework, yard work, or job following the  
operation?

Question 17. Your strength in the thighs, legs and feet? F] 1 Very satisfied  
E] 2 Somewhat satisfied Q 3 Somewhat dissatisfied [ ] 4 Very  
dissatisfied

Question 18. Your balance, or steadiness on your feet?  1 Very satisfied  
E] 2 Somewhat satisfied F] 3 Somewhat dissatisfied  4 Very  
dissatisfied

Printed name Patient Signature  
Today's date /-1.

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