

**McLaren Print System Order**

**Order No: 59579**  
**Order Date: 2021-01-12**  
**User: Melissa Jordan**  
**Phone: 810-342-2642**

**Ship Location: McLaren Flint - 1 Central Quality Management Attn: Melissa**  
**401 Ballenger Highway**  
**Flint, MI 48532**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 91650**  
**Dept Name: Quality Management**  
**Company Number: 60**

**Order Total Price: 16.76**

**Item Number: M-34129**  
**Item Description: Appendix U5\_Form Cerv 90 Day Postop Questionnaire**  
**Revision Date: 2020**  
**Print: 2 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: Staple (Upper Left)**  
**Drill: None**  
**Misc Info: ds; black & white; 4 pages; bond**

**MSSIC Data Registry**  
**Cervical 90 Day PostOperative**  
**Patient Questionnaire**

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Registry ID: \_\_\_\_\_

Date of Questionnaire: \_\_\_\_\_

We ask that you please complete this form as fully and accurately as possible. Some questions may be difficult, but we ask that you answer them to the best of your ability. Please be sure to follow the directions in each section. Clearly print responses and mark boxes where needed.

Thank you for your time filling out this questionnaire, your answers will help us to provide the best possible spine care.

Which answer best represents your level of satisfaction with your surgical outcome?

- Surgery met my expectations.
- I did not improve as much as I had hoped but I would undergo the same operation for the same results.
- Surgery helped but I would not undergo the same operation for the same results.
- I am the same or worse as compared to before the surgery.

**Neck & Arm Pain Scale**

Please describe your neck and arm pain when off your pain medication. Please rate your neck pain and arm pain on a scale of 0 to 10, where zero (0) would mean "no pain" and a ten (10) would mean "worst pain imaginable."

For example, describe your pain when you are off your medication, after your pain medication has worn off, when you are due to take your next pill, that is please describe how your pain would feel if you were not on pain medication.

Please rate your neck pain on a scale of 0 to 10 over the past 7 days (0 through 10): \_\_\_\_\_

Now, please rate your arm pain on a scale of 0 to 10 over the past 7 days (0 through 10): \_\_\_\_\_

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By marking one box in each group below, please indicate which statements best describe your own health state today.

**Mobility**

- I have no problems in walking about.
- I have some problems in walking about.
- I am confined to bed.

**Self Care**

- I have no problems with self care.
- I have some problems washing or dressing myself.
- I am unable to wash or dress myself.

**Usual Activities (e.g. work, study, housework, family or leisure activities)**

- I have no problems with performing my usual activities.
- I have some problems with performing my usual activities.
- I am unable to perform my usual activities.

**Pain/Discomfort**

- I have no pain or discomfort.
- I have moderate pain or discomfort.
- I have extreme pain or discomfort.

**Mood**

- I am not anxious or depressed.
- I am moderately anxious or depressed.
- I am extremely anxious or depressed.

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**Spec Info:**