Sacral Tarlov Cyst(s) Patient Survey

Name: _____ DOB:_____ Date: _____

□ Before surgery □ 3 months after surgery □ 6 months after surgery
□ 1 year after surgery □ 2 years after surgery □ Other_____

For each category below, please rate the severity of your symptoms. If you are not experiencing the symptom, please mark the box "Never had Symptoms".

	Never had Symptoms	No Symptoms	Mild Symptoms	Mild to Moderate	Moderate Symptoms	Moderate to Severe	Severe Symptoms	Extremely Severe Symptoms
Sacral (tail bone) pain	○	○	○	○	○	○	○	○
Perineal Pain (private parts)	○	○	○	○	○	○	○	○
Perineal numbness (private parts)	○	○	○	○	○	○	○	○
PGAD (persistant genital arousal disorder)	○	○	○	○	○	○	○	○
Lower extremity pain	○	○	○	○	○	○	○	○
Lower extremity weakness	○	○	○	○	○	○	○	○
Lower extremity numbness	○	○	○	○	○	○	○	○
Problems with bladder function	○	○	○	○	○	○	○	○
Problems with bowel function	○	○	○	○	○	○	○	○
Dyspareunia (Pain during sexual intercourse)	○	○	○	○	○	○	○	○
Sexual dysfunction	○	○	○	○	○	○	○	○
Discomfort while sitting	○	○	○	○	○	○	○	○
Problems with participation in sitting activities i.e. restaurants, movies, church, etc.	○	○	○	○	○	○	○	○

If you have undergone surgery, please answer the following:

How have your symptoms changed since surgery?

□ I no longer have symptoms
□ My symptoms have improved a lot
□ My symptoms have improved moderately
□ My symptoms have improved a little bit
□ My symptoms are the same
□ My symptoms are a little bit worse
□ My symptoms are moderately worse
□ My symptoms are a lot worse

Name: _____ Date: _____

VISUAL ANALOG SCALE (VAS) - Sacral

This form is designed to give the doctor information as to how your pain is progressing since the last visit. Indicate on the lines below with a check mark the level of pain from "no pain" to "as severe as it could be".

1. VAS (Visual Analog Scale) Score for leg pain while resting:
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10
No pain As severe as it could be

2. VAS Score for leg pain upon activity:
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10
No pain As severe as it could be

3. Please indicate the location of pain(s) of pain while resting you have experienced in the last 4 weeks:

□ lower back	□ groin
□ left buttock	□ right buttock
□ left hip	□ right hip
□ left thigh	□ right thigh
□ left calf	□ right calf
□ left foot	□ right foot
□ tail bone	

4. Please indicate the location(s) of pain upon activity you have experienced in the last 4 weeks:

□ lower back	□ groin
□ left buttock	□ right buttock
□ left hip	□ right hip
□ left thigh	□ right thigh
□ left calf	□ right calf
□ left foot	□ right foot
□ tail bone	

5. What is the maximum period of time you can sit with reasonable comfort?

□ 5 minutes or less	
□ 15 minutes	□ 30 minutes
□ 45 minutes	□ > 1 hour

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6. How often does your condition interfere with your usual work, education, or retirement activities:

□ never

□ occasionally

□ frequently

□ always

7. How many times during a typical day in the week did you take prescription narcotic pain medications for your condition?

☐ of times

8. How many times during a typical day in the last week did you take prescription arthritic medications for your condition?

☐ of times

Name: _____ Date: _____

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. **In general, would you say your health is:**

□ Excellent □ Very good □ Good □ Fair □ Poor

2. **Compared to one year ago, how would you rate your health in general now?**

□ Much better now □ Somewhat better now □ About the same

□ Somewhat worse now □ Much worse now

3. **The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

	Yes, limited a lot	Yes, limited a little	No, not limited now
a. **Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports	□	□	□
b. **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	□	□	□
c. Lifting or carrying groceries	□	□	□
d. Climbing **several** flight of stairs	□	□	□
e. Climbing **one** flight of stairs	□	□	□
f. Bending, kneeling, or stooping	□	□	□
g. Walking **more than a mile**	□	□	□
h. Walking **several blocks**	□	□	□
i. Walking **one block**	□	□	□
j. Bathing or dressing yourself	□	□	□

4. **During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

	Yes	No
a. Cut down on the **amount of time** you spent on work or other activities	□	□
b. **Accomplish less** than you would like	□	□
c. Were limited in the **kind** of work or other activities	□	□

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	Yes	No
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	□	□

5. During the <u>past 4 weeks</u>, have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)?

	Yes	No
a. Cut down on the **amount of time** you spent on work or other activities	□	□
b. **Accomplished less** than you would like	□	□
c. Didn't do work or other activities as **carefully** as usual	□	□

6. During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, or neighbors, or groups?

□ Not at all □ Slightly □ Moderately □ Quite a bit □ Extremely

7. How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>?

□ None □ Very mild □ Mild □ Moderate □ Severe □ Very severe

8. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?

□ Not at all □ A little bit □ Moderately □ Quite a bit □Extremely

9. These questions are about how you feel and how things have been with your during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep?	□	□	□	□	□	□
b. Have you been a very nervous person?	□	□	□	□	□	□
c. Have you felt so down in the dumps that nothing could cheer you up?	□	□	□	□	□	□
d. Have you felt calm and peaceful?	□	□	□	□	□	□
e. Did you have a lot of energy?	□	□	□	□	□	□

Name: _____ Date: _____

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
f. Have you felt downhearted and blue?	□	□	□	□	□	□
g. Did you feel worn out?	□	□	□	□	□	□
h. Have you been a happy person?	□	□	□	□	□	□
i. Did you feel tired?	□	□	□	□	□	□

10. During the <u>past 4 weeks</u>, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

□ All of the time □ Most of the time □ Some of the time

□ A little of the time □ None of the time

11. How TRUE or FALSE is <u>each</u> of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	□	□	□	□	□
b) I am as healthy as anybody I know	□	□	□	□	□
c) I expect my health to get worse	□	□	□	□	□
d) My health is excellent	□	□	□	□	□

Patient signature: _____ Date: _____

Name: _____ Date: _____

Please read instructions:
Could you please complete this questionnaire? It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life. Please answer every section. Mark one box only in each section that most closely describes you today.

SECTION 1-PAIN INTENSITY
□ I have no pain at the moment.
□ The pain is very mild at the moment.
□ The pain is moderate at the moment.
□ The pain is fairly severe at the moment.
□ The pain is very severe at the moment.
□ The pain is the worst imaginable at the moment.

SECTION 2-PERSONAL CARE (Washing, Dressing, etc.)
□ I can look after myself normally, without causing extra pain.
□ I can look after myself normally, but it is very painful.
□ It is painful to look after myself and I am slow and careful.
□ I need some help, but manage most of my personal care.
□ I need help every day in most aspects of self care.
□ I do not get dressed, wash with difficulty and stay in bed.

SECTION 3-LIFTING
□ I can lift heavy weights without extra pain.
□ I can lift heavy weights, but it gives extra pain.
□ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
□ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
□ I can lift only very light weights.
□ I cannot lift or carry anything at all.

SECTION 4-WALKING
□ Pain does not prevent me walking any distance.
□ Pain prevents me walking more than 1 mile.
□ Pain prevents me walking more than ¼ of a mile.
□ Pain prevents me walking more than 100 yards.
□ I can only walk using a stick or crutches.
□ I am in bed most of the time and have to crawl to the toilet.

SECTION 5-SITTING
□ I can sit in any chair as long as I like.
□ I can site in my favorite chair as long as I like.
□ Pain prevents me from sitting for more than 1 hour.
□ Pain prevents me from sitting for more than ½ hour.
□ Pain prevents me from sitting more than 10 minutes.
□ Pain prevents me from sitting at all.

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SECTION 6-STANDING

□ I can stand as long as I want without extra pain.
□ I can stand as long as I want but it gives me extra pain.
□ Pain prevents me from standing for more than 1 hour.
□ Pain prevents me from standing for more than ½ hour.
□ Pain prevents me from standing for more than 10 minutes.
□ Pain prevents me from standing at all.

SECTION 7-SLEEPING

□ My sleep is never disturbed by pain.
□ My sleep is occasionally disturbed by pain.
□ Because of pain, I have less than 6 hours of sleep.
□ Because of pain, I have less than 4 hours of sleep.
□ Because of pain, I have less than 2 hours of sleep.
□ Pain prevents me from sleeping at all.

SECTION 8-SEX LIFE (if applicable)

□ My sex life is normal and causes no extra pain.
□ My sex life is normal but causes some extra pain.
□ My sex life is nearly normal but is very painful.
□ My sex life is severely restricted by pain.
□ My sex life is nearly absent because of pain.
□ Pain prevents any sex life at all.

SECTION 9-SOCIAL LIFE

□ My social life is normal and causes me no extra pain.
□ My social life is normal, but increases the degree of pain.
□ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., sports, etc.
□ Pain has restricted my social life and I do not go out as often.
□ Pain has restricted my social life to my home.
□ I have no social life because of pain.

SECTION 10-TRAVELING

□ I can travel anywhere without pain.
□ I can travel anywhere but it gives extra pain.
□ Pain is bad but I manage journey over two hours.
□ Pain restricts me to journeys of less than one hour.
□ Pain restricts me to short necessary journeys under 30 minutes.
□ Pain prevents me from traveling except to receive treatment.