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### ZURICH CLAUDICATION QUESTIONNAIRE

## In the Last Month, How Would You Describe:

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

- 1- None
- 2- Mild
- 3- Moderate
- 4- Severe
- 5- Very Severe

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

The pain in your back or buttocks?

- 1- None
- 2- Mild
- 3- Moderate
- 4- Severe
- 5- Very Severe

The pain in your legs or feet?

- 1- None
- 2- Mild
- 3- Moderate
- 4- Severe
- 5- Very Severe

Numbness or tingling in your legs or feet?

- 1- None
- 2- Mild
- 3- Moderate
- 4- Severe
- 5- Very Severe

Weakness in your legs or feet?

- 1- None
- 2- Mild
- 3- Moderate
- 4- Severe
- 5- Very Severe

Problems with your balance?

- 1- No, I've had no problems with balance
- 3- Yes, sometimes I feel my balance is off, or that I am not sure-footed
- 5- Yes, often I feel my balance is off, or that I am not sure-footed

# In the Last Month, on a Typical Day:

How far have you been able to walk?

- 1- Over 2 miles
- 2- Over 2 blocks, but less than 2 miles
- 3- Over 50 feet, but less than 2 blocks
- 4- Less than 50 feet

Have you taken walks outdoors or in malls for pleasure?

- 1- Yes, comfortably
- 2- Yes, but sometimes with pain
- 3- Yes, but always with pain
- 4- No

Have you been shopping for groceries or other items?

- 1- Yes, comfortably
- 2- Yes, but sometimes with pain
- 3- Yes, but always with pain
- 4- No

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

- 1- Yes, comfortably
- 2- Yes, but sometimes with pain
- 3- Yes, but always with pain
- 4- No

Have you walked from your bedroom to the bathroom?

- 1- Yes, comfortably
- 2- Yes, but sometimes with pain
- 3- Yes, but always with pain
- 4- No

### How Satisfied Are You With:

The overall result of back operation?

- 1- Very satisfied
- 2- Somewhat satisfied
- 3- Somewhat dissatisfied
- 4- Very dissatisfied

### Relief of pain following the operation?

- Very satisfied
  Somewhat satisfied
- 3- Somewhat dissatisfied
- 4- Very dissatisfied

# Your ability to walk following the operation

- 1- Very satisfied
- 2- Somewhat satisfied
- 3- Somewhat dissatisfied
- 4- Very dissatisfied

## Your ability to do housework, yard work, or job following the operation?

- 1- Very satisfied
- 2- Somewhat satisfied
- 3- Somewhat dissatisfied
- 4- Very dissatisfied

## Your strength in the thighs, legs, and feet?

- 1- Very satisfied
- 2- Somewhat satisfied
- 3- Somewhat dissatisfied
- 4- Very dissatisfied

### Your balance, or steadiness on your feet?

- 1- Very satisfied
- 2- Somewhat satisfied
- 3- Somewhat dissatisfied
- 4- Very dissatisfied