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Dear

POST SPINAL INJECTION QUESTIONNAIRE

Please find enclosed a questionnaire that I am sending to all my patients who have had a private spinal injection in the last 3 years. I am looking to find out how effective spinal injections are in treating spinal conditions. I would be very grateful if you could complete the questionnaire and return it to my secretary in the enclosed self-addressed envelope.

The questionnaire is voluntary, and you do not have to complete it. It will not affect the future care you receive. The answers to your questionnaire will be kept anonymous and nobody will be able to identify you.

If you would prefer to complete the questionnaire online then you can do so at www.spinedragon.com. Follow the link to questionnaires and complete the post spinal injection questionnaire. You will need to download the questionnaire onto your computer, complete it and press the save and send button at the bottom of the page. You will need to input your Vale Hospital number (the T number on your letter) and your date of birth. Please note that it is best to complete the form using Adobe Acrobat pdf software on a desktop or laptop computer. No data is stored on the website.

Kind regards

Mr Michael J H McCarthy
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Consultant Spinal Surgeon and
Honorary Senior Lecturer, University of Cardiff

POST SPINAL INJECTION QUESTIONNAIRE

Thank you for taking part in this study and for taking the time out of your day to complete this questionnaire. This document contains a series of questions regarding your spinal injection(s) to help us assess their benefit.

Today's date:

Vale Hospital T Number: Date of Birth:

1. On a scale of 0-10, how would you have rated your leg pain before the injection(s)?

No pain Worst Pain
0 1 2 3 4 5 6 7 8 9 10

2. On a scale of 0-10, how would you rate your leg pain after the injection(s)?

No pain Worst Pain
0 1 2 3 4 5 6 7 8 9 10

3. On a scale of 0-10, how would you have rated your back pain before the injection(s)?

No pain Worst Pain
0 1 2 3 4 5 6 7 8 9 10

4. On a scale of 0-10, how would rate your back pain after the injection(s)?

No pain Worst Pain
0 1 2 3 4 5 6 7 8 9 10

5. Did your injection(s) 'hit the spot' and reproduce your pain at the time it was performed?

YES NO

6. Did your injection(s) reduce your pain at the time it was performed?

YES NO

7. If yes, for how long did the injection(s) reduce your pain?

<1 DAY	1 DAY	2-3 DAYS	4-5 DAYS	1 WEEK	2 WEEKS	3 WEEKS	4 WEEKS	5-6 WEEKS	>6 WEEKS
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8. Overall, by how much did the injection(s) reduce your pain?

0%	25%	25-50%	50-75%	>75%	100%
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9. Since your injection(s), has your pain recurred?

YES	NO
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10. If yes, how would you describe this pain?

THE SAME	BETTER	WORSE
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11. Have you received any further spinal injections?

YES	NO
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12. Since your injection(s) have you undergone spinal surgery or are you waiting for surgery?

YES	NO
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13. If your pain has recurred or if it were to recur again, would you have another spinal injection?

YES	NO
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Thank you for taking the time to complete this questionnaire. Please feel free to add any comments regarding your spinal injection(s):

RESET QUESTIONNAIRE

SAVE AND SEND