Please provide one answer for each question. Please circle your answer. If you are unsure how to answer a question, please choose the answer that fits best. You may skip questions you do not wish to answer.

1. Why are you having this upcoming procedure? (Circle all that apply)
   1. Treat or cure a medical condition
   2. Decrease pain
   3. Improve my ability to perform daily life activities
   4. Improve my quality of life
   5. Prolong my life
   6. Doctor said I needed the procedure

2. Do you have pain now? (Circle all that apply)
   1. Yes, but NOT RELATED to my need for surgery
   2. Yes, and RELATED to my need for surgery
   3. No (Skip to question #4)

3. On a scale of zero to ten, with zero being no pain and ten being the worst pain, please circle in your current pain level.
   0     1    2    3    4    5    6    7    8    9   10

4. What is your expectation about pain a month after your surgery?
   1. I have pain now and expect to have less pain
   2. I have pain now and expect it to stay the same
   3. I have pain now but I expect to have more pain
   4. I have no pain now but I expect to have pain
   5. I have no pain now and I do not expect to have pain
   6. Don’t know

5. In your opinion, how long would it take you to return to your normal life activities after you surgery:
   1. Less than 1 week
   2. 1-4 weeks
   3. 1-3 months
   4. 3-6 months
   5. More than 6 months

This section is about your general health. These questions do not necessarily relate to your upcoming procedure.

6. In the past six months, how many times have you had a fall, including a slip or trip in which you lost your balance and landed on the floor or ground or lower level?
   1. Zero (0) (Skip to question #8)
   2. One time (1)
   3. Two times (2)
   4. Three or more (>2)

7. Did any of your falls result in the following? (Circle all that apply)
   1. No injury
   2. Bruising, sprains or cuts
   3. Reduced mobility
   4. A fear of falling
   5. Severe pain
   6. Injury causing you to seek medical treatment
   7. Broken bone
   8. Head injury
   9. A change from independent living to assisted living

8. In general, would you say your health is:
   1. Excellent
   2. Very good
   3. Good
   4. Fair
   5. Poor

9. Compared to one year ago, how would you rate your physical health in general now?
   1. Much better
   2. Slightly better
   3. About the same
   4. Slightly worse
   5. Much worse

10. Compared to one year ago, how would you rate your emotional health now? (Such as feeling anxious, depressed or irritable)
    1. Much better
    2. Slightly better
    3. About the same
    4. Slightly worse
    5. Much worse

11. Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?
    1. Yes, limited a lot
    2. Yes, limited a little
    3. No, not limited at all

12. Does your health now limit you in climbing several flights of stairs? If so, how much?
    1. Yes, limited a lot
    2. Yes, limited a little
    3. No, not limited at all

13. As a result of your physical health, during the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities?
    1. No, none of the time
    2. Yes, a little of the time
    3. Yes, some of the time
    4. Yes, most of the time
    5. Yes, all of the time
14. As a result of your physical health, during the past 4 weeks, were you limited in the kind of work or other activities you can perform?
1. No, none of the time
2. Yes, a little of the time
3. Yes, some of the time
4. Yes, most of the time
5. Yes, all of the time

15. As a result of any emotional problems (such as feeling depressed or anxious), during the past 4 weeks, have you accomplished less than you would like with your work or other regular daily activities?
1. No, none of the time
2. Yes, a little of the time
3. Yes, some of the time
4. Yes, most of the time
5. Yes, all of the time

16. As a result of emotional problems (feeling depressed or anxious), during the past 4 weeks, have you not done work or other activities as carefully as usual?
1. No, none of the time
2. Yes, a little of the time
3. Yes, some of the time
4. Yes, most of the time
5. Yes, all of the time

17. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?
1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

18. How much of the time during the past 4 weeks have you felt calm and peaceful?
1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little bit of the time
6. None of the time

19. How much of the time during the past 4 weeks did you have a lot of energy?
1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little bit of the time
6. None of the time

20. How much of the time during the past 4 weeks have you felt downhearted and blue?
1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little bit of the time
6. None of the time

21. How much of the time during the past 4 weeks has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
1. All of the time
2. Most of the time
3. Some of the time
4. A little bit of the time
5. None of the time

22. If your ability to perform work is 10 when you are at your best and 0 when you are unable to work, circle the number that represents your ability to work this past week.
0 1 2 3 4 5 6 7 8 9 10

23. What is your current work status?
1. Employed
2. Volunteer work
3. Unemployed looking for work
4. Unemployed not looking for work (End of survey)
5. Student
6. Homemaker
7. Retired (End of survey)
8. Disabled (End of survey)

24. Does your health limit you in your current work (job or studies or housework)?
1. I am not limited by my health
2. I am able to do my job with difficulty
3. I sometimes have to work slowly
4. I often have to work slowly
5. I am only able to do my job part time
6. I am entirely unable to do my job

25. Do you believe that, from the standpoint of your health, you will be able to do your current job in 1 month?
1. Yes (End of survey)
2. No
3. Not sure

26. Do you believe that, from the standpoint of your health, you will be able to do your current job in 1 year?
4. Yes
5. No
6. Not sure