Swiss spinal stenosis score

Synonyms

Zurich Claudication Questionnaire, Brigham Spinal Stenosis 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

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?
1- Very satisfied
2- 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

Scientific Spine's Comment

The Swiss Spinal Stenosis Questionnaire was designed specifically for use in the evaluation of physical function in patients with lumbar spinal stenosis. Subscales of questionnaire may be used separately. For example, the 5-item Physical Function Scale is used primarily to evaluate walking capacity. These 5 items assess distance walked and activities of daily living involving walking. The Physical Function Scale has been used to assess walking as an outcome for surgical and nonsurgical treatment in patients with LSS. North American Spine Society (NASS) recommended The Swiss Spinal Stenosis Questionnaire as the “gold standard” to quantify outcome in patients with spinal stenosis.


