

AO Spine PROST (Patient Reported Outcome Spine Trauma)

Your function NOW compared to BEFORE the accident

This questionnaire contains 19 questions about aspects of your life after the accident that caused your spine injury. Please read the questions and the description of the scale carefully. Please answer ALL questions and answer each question with one cross (" X ") on the scale. This should reflect how you function NOW compared to BEFORE the accident.

The scale ranges from 0 to 100. It is important to realize that 0 indicates a level at which you are NON-FUNCTIONAL. 100 indicates the level BEFORE the accident, no matter how well or poorly you functioned before the accident.

Below is an example.

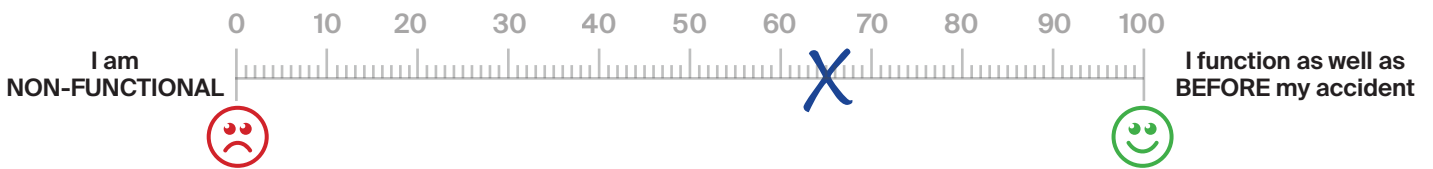
Patient Name: _____

Date (MM/DD/YY): ____ / ____ / ____

Patient ID: _____
(to be filled in by the health professional)

0. Reading

EXAMPLE

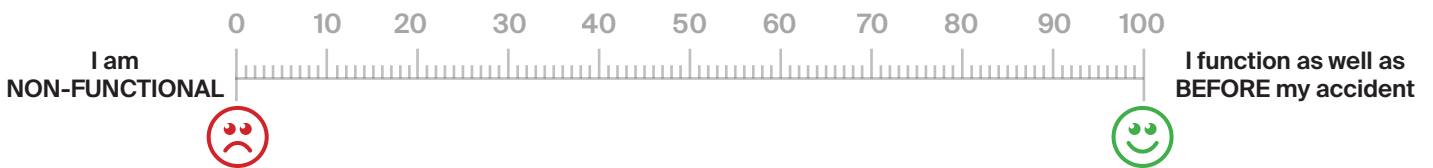


To be completed by the PATIENT

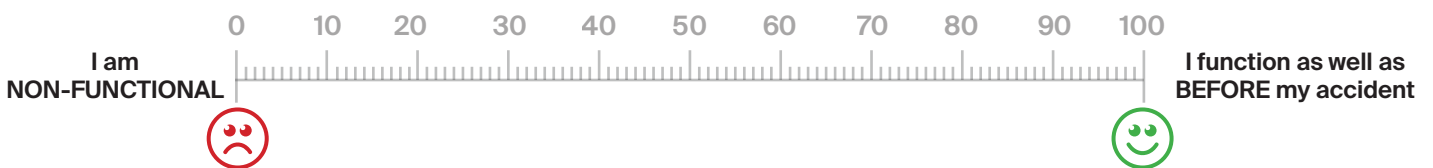
The questionnaire begins here.

In almost all questions, a number of situations or examples are shown in brackets. Please base your answer on the situation or example where you are most disabled.

1. Household activities (such as cleaning in and around the house, doing laundry or preparing a meal)



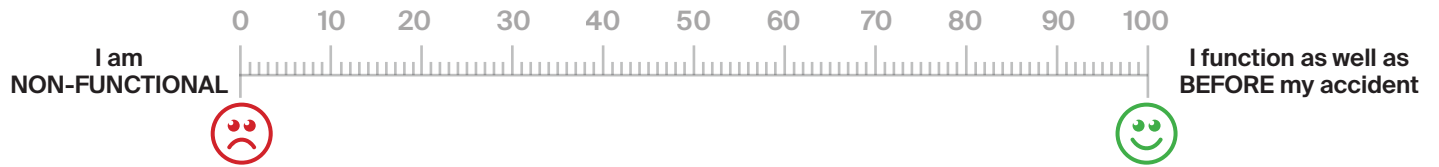
2. Work/study (if you were not working or studying BEFORE the accident, please skip this question)



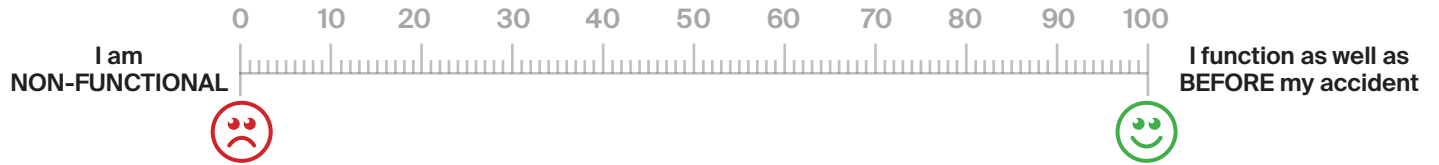
(To be filled out by the health professional)

Study identification code: _____

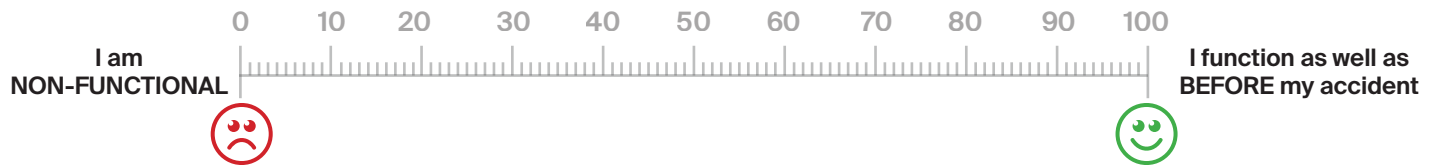
3. Recreation and leisure (such as hobbies or sports)



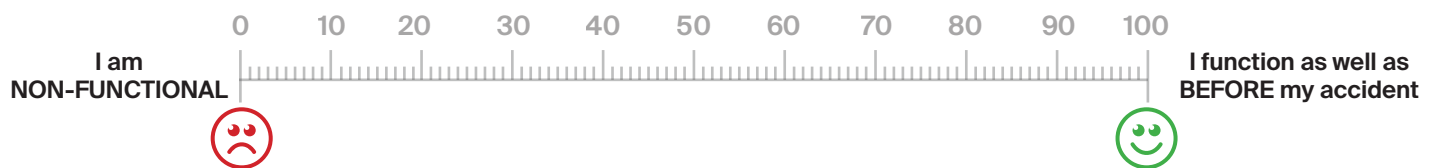
4. Social life (such as maintaining relationships with family, friends and acquaintances)



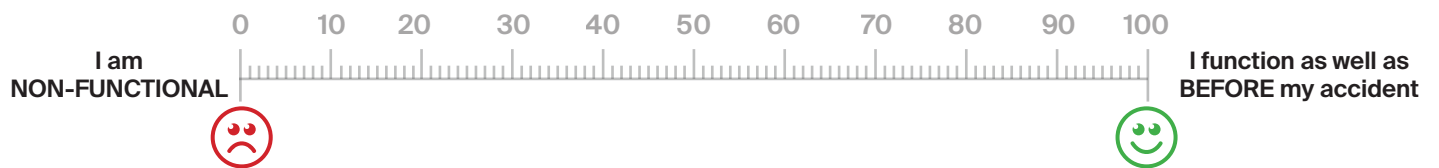
5. Walking (with or without an aid)



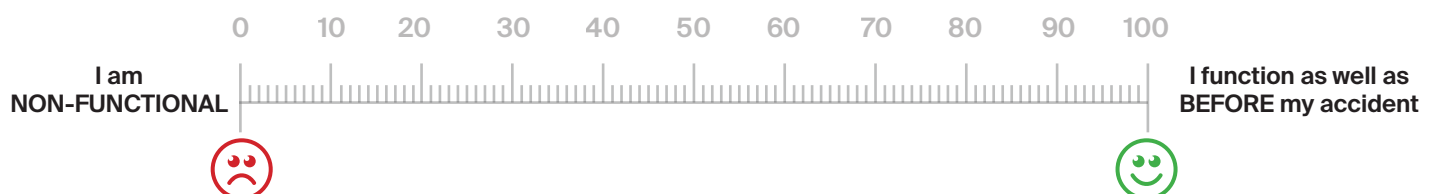
6. Travel (such as driving yourself, using public transportation or other means of transport)



7. Changing posture (such as lying down, sitting or standing)



8. Maintaining posture (such as lying down, sitting or standing, for as long as necessary)



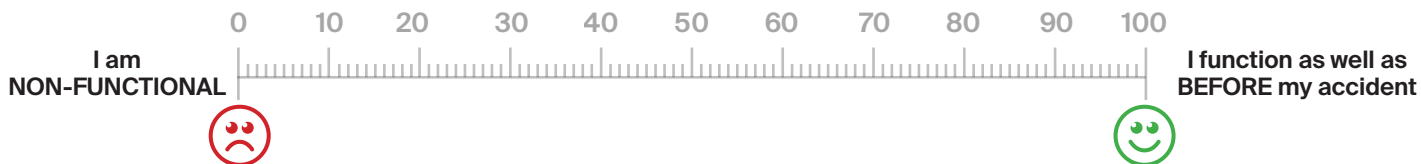
(To be filled out by the health professional)

Study identification code: _____

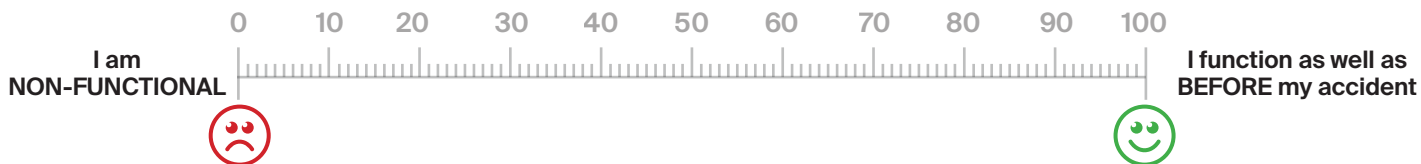


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Version 2.0, May 6, 2015. Form modified August 23, 2018 and September 7, 2020.

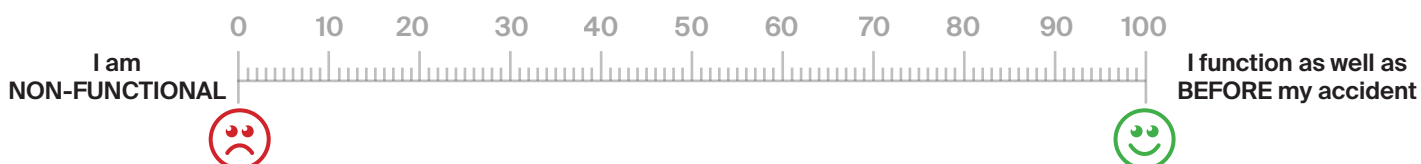
9. Lifting and carrying (such as lifting a bag of groceries or carrying a child)



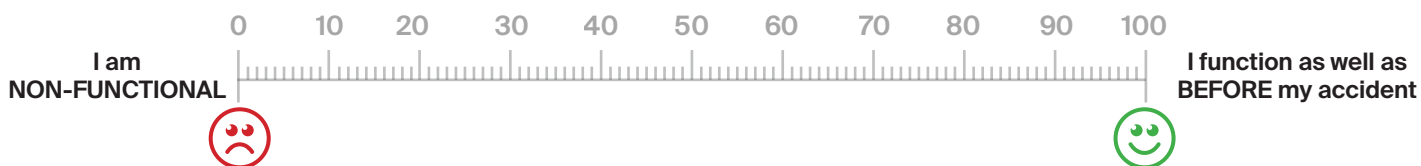
10. Personal care (such as taking a bath or shower, using the toilet or dressing and undressing)



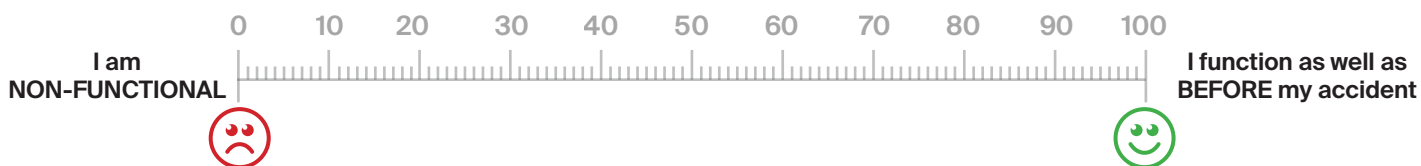
11. Urinating (are you able to urinate; can you hold your urine)



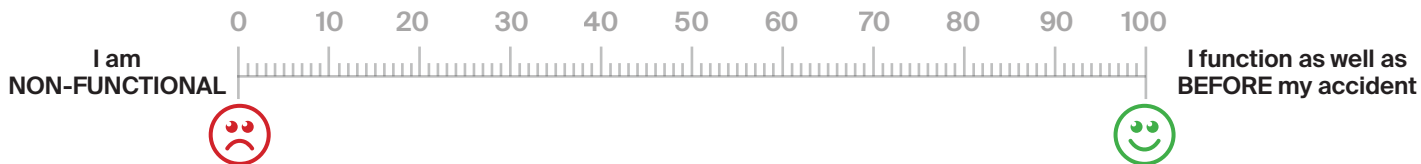
12. Bowel movement (are you able to have a bowel movement; can you hold your bowel movement)



13. Sexual function



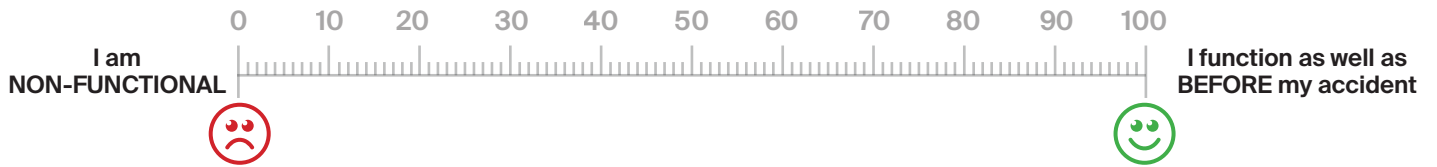
14. Emotional function (such as gloomy, worried or anxious feelings)



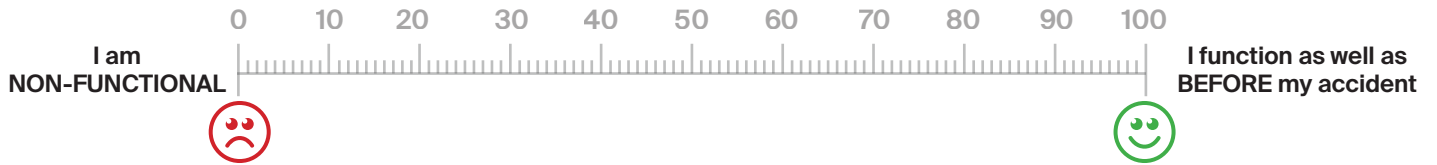
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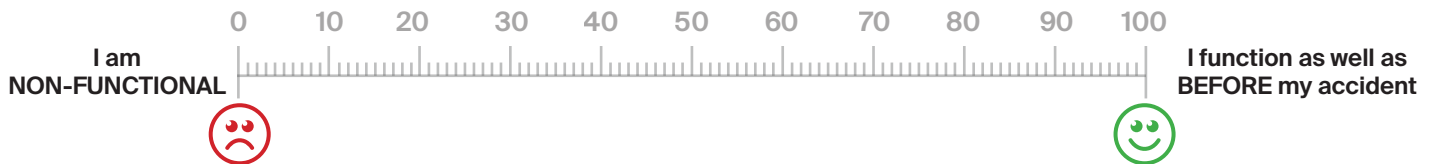
15. Energy level (such as fatigue or listlessness)



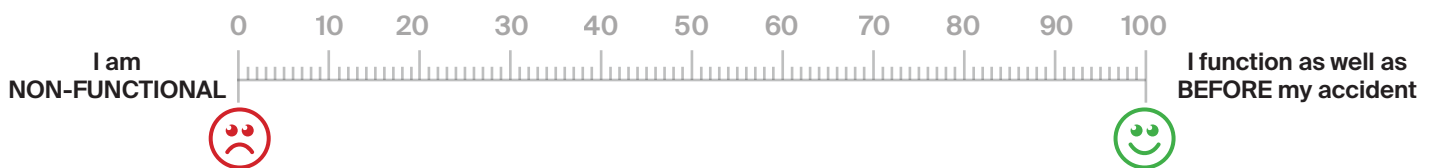
16. Sleep (such as number of hours and quality)



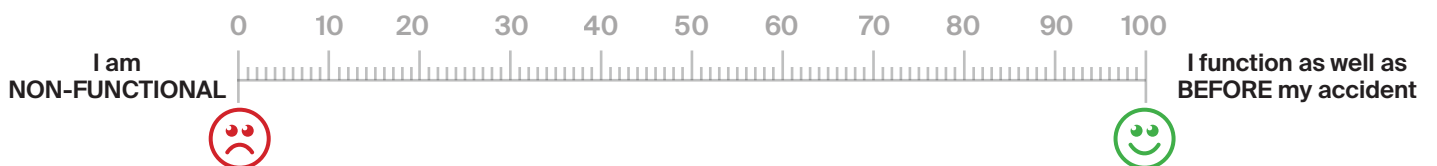
17. Stiffness of your neck and/or back (in terms of disability in overall performance)



18. Loss of strength in your arms and/or legs (in terms of disability in overall performance)



19. Back and/or neck pain (in terms of disability in overall performance)



(To be filled out by the health professional)

Study identification code: _____

