



**Evaluare Postoperatorie Implant Segmentar de Coloana in Diformitati**

**RAPORTARE OBLIGATORIE PRIN LEGE CONFORM Ordin M.S. nr 10/2005 si Ordin M.S. 86/2006**

**5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

- a. *Cut down the amount of time you spent on work or other activities*  
 Yes                       No
- b. *Accomplished less than you would like*  
 Yes                       No
- c. *Didn't do work or other activities as carefully as usual*  
 Yes                       No

**6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**

- Not at all       Slightly               Moderately               Quite a bit               Extremely

**7. How much bodily pain have you had during the past 4 weeks?**

- Not at all       Slightly               Moderately               Quite a bit               Extremely

**8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

- Not at all       Slightly               Moderately               Quite a bit               Extremely

**9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks.**

- a. did you feel full of pep?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- b. have you been a very nervous person?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- c. have you felt so down in the dumps nothing could cheer you up?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- d. have you felt calm and peaceful?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- e. did you have a lot of energy?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- f. have you felt downhearted and blue?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- g. did you feel worn out?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- h. have you been a happy person?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- i. did you feel tired?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time

**10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

- All of the time     Most of the time     Some of the the time     A little of the time     None of the time

**11. How TRUE or FALSE is each of the following statements for you?**

- a. did you feel full of pep?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- b. have you been a very nervous person?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- c. have you felt so down in the dumps nothing could cheer you up?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time
- d. have you felt calm and peaceful?  
 All of the time     Most of the time     Some of the the time     A little of the time     None of the time