



SPINAL OUTREACH SERVICE HEALTH QUESTIONNAIRE (SOS-HQ)

CLIENT DETAILS

Surname:		Given Names:	
DOB:		Medicare Number:	
Address:			
Style of accommodation:		Living:	
<input type="checkbox"/> Dept. of Housing	<input type="checkbox"/> Rented	<input type="checkbox"/> Own home	<input type="checkbox"/> With friends/other
<input type="checkbox"/> Alone	<input type="checkbox"/> With family/spouse		
Phone:		COB:	
H: () _____		Preferred Language:	
W: () _____			
M: _____			

SPINAL DIAGNOSIS

Date of Injury:	Cause:
Level of Injury:	ASIA Score:
Hospital of Acute Admission:	Spinal Specialist:
Other injuries sustained at time of accident other than SCI? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state	

Hospital Admissions/Review by specialist dates

Medical History

Current Medications

7. Neurological Function	
PATIENT SECTION	GP/NURSE SECTION
<p>7.1. Have you had any concerns regarding your function, mobility, or sensation declining or deteriorating over the past year¹⁰? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	<p>Examination notes</p>
<p>7.2 Have you had an MRI scan of your spine since your initial spinal cord injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, why did you have to have one and when? _____</p> <p>_____</p>	<p><input type="checkbox"/> Review MRI results</p>
<p>7.3 Have you been diagnosed with a syrinx? (Ie, fluid filled sac in spinal cord?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p> <p>If yes, have you seen a neurosurgeon? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details (name of neurosurgeon and date last reviewed) _____</p>	<p><input type="checkbox"/> Review letters if available</p>
<p>7.4 Have you had any increasing difficulty with any of these activities?</p> <p>Transfers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Wheelchair Mobility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Walking <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Bed Mobility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Performing Stretches <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Transport/Driving <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Employment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>ADLs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Describe _____</p> <p>_____</p>	<p><input type="checkbox"/> Refer back to surgeon if appropriate</p>

¹⁰ Ascending sensory loss or new neurological symptoms and signs may suggest the possible presence of post-traumatic syringomyelia or syrinx (PTS). This is a cyst filled with CSF within the spinal cord. It has been reported to occur in 20 to 30% of patients after a traumatic spinal cord injury (SCI). It is characterised clinically by the often insidious progression of pain and loss of sensorimotor function that may manifest months to many years after a traumatic SCI. The presence of PTS requires neurosurgical review, and regular monitoring. If left untreated, PTS can result in loss of function, chronic pain or even respiratory failure.

8. Spasm and Spasticity	
PATIENT SECTION	GP/NURSE SECTION
<p>8.1 Do you experience any spasm or spasticity¹¹? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where does it occur? <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Neck/Trunk/Abdomen</p> <p>Details _____</p> <p>_____</p> <p>Has it become worse in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>How often do you have spasms?</p> <p><input type="checkbox"/> None <input type="checkbox"/> Less than 10 spasms per hour <input type="checkbox"/> 10 or more spasms per hour</p>	<p>Examination Findings</p>
<p>8.2 What usually triggers the spasms?</p> <p><input type="checkbox"/> Position changes <input type="checkbox"/> Going over rough ground</p> <p><input type="checkbox"/> Infections (bladder, etc) <input type="checkbox"/> Pressure areas <input type="checkbox"/> Constipation</p> <p>Details _____</p> <p>_____</p>	<p><input type="checkbox"/> Investigate for reversible causes</p>
<p>8.3 Does the spasm impact on your function, independence, care or activities? (e.g. are you falling more, or need more help?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	
<p>8.4 Do you take any medications to manage your spasms? (E.g. baclofen, diazepam, dantrolene, clonidine or clonazepam?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	
<p>8.5. Have you used any other treatments for your spasm? (E.g. physiotherapy, pump insertion, surgery or injections?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details _____</p> <p>_____</p>	

¹¹ *Spasticity* is defined as an increase in muscle tone and is characterised by a velocity dependent increase in tonic stretch reflexes. *Spasm* is defined as a sudden involuntary contraction of a muscle, which may be associated with spasticity.
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9. Pain

PATIENT SECTION

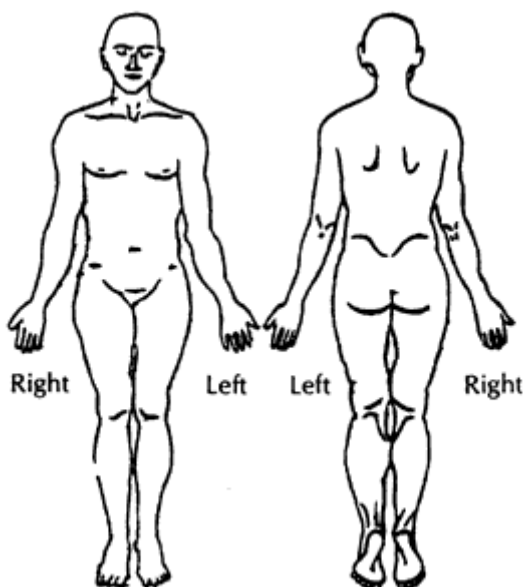
9.1 Do you regularly experience any sort of pain? Yes No

If yes, please indicate whether there has been:

- No real change in the quality or severity of existing pain
- Worsening in quality or severity of existing pain
- Worsening of day to day function due to pain
- Onset of new pains

9.2 Please indicate on the body chart below, where you feel pain:

(please shade-in and label location 1,2,3 etc.)



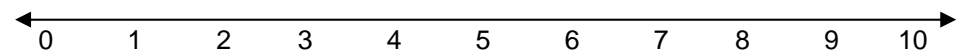
9.3 For each location, please fill in the following:

Location 1

Describe how the pain feels in your own words: _____

Frequency: _____

Severity (please circle number on scale below):



No Pain

Worst Pain Imaginable

GP/NURSE SECTION

Examination Findings
(see appendix at end of section)

If new or worsening pain, are there any possible exacerbating causes¹²

Is the pain neuropathic, musculoskeletal or visceral in nature?

Location 1

- Neuropathic
- Musculoskeletal (please go to section 10)
- Visceral

Location: _____

Duration: _____

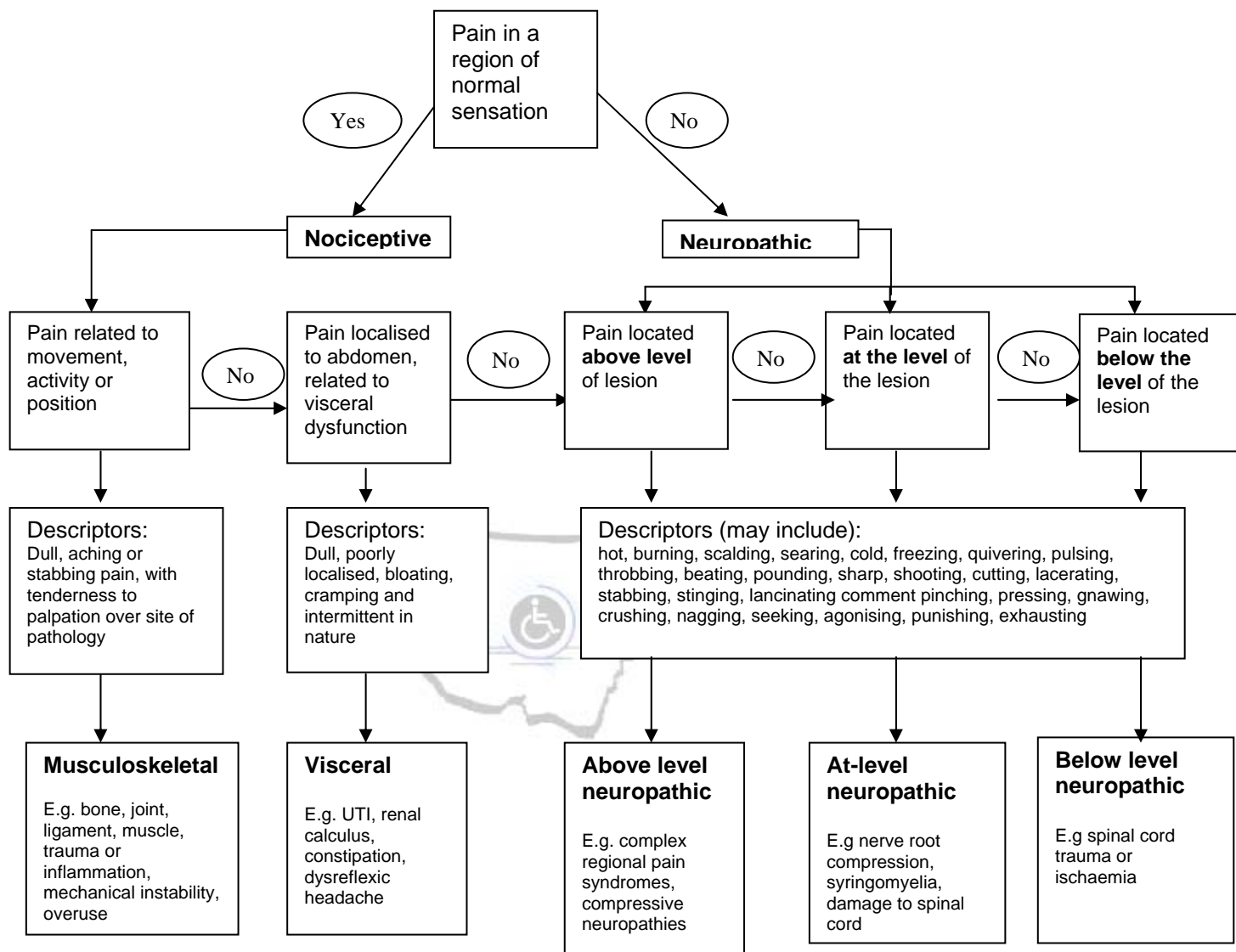
Relieving/Exacerbating factors: _____

¹² Descriptors of neuropathic pain may include the following: e.g. hot, burning, scalding, searing, cold, freezing, quivering, pulsing, throbbing, beating, pounding, sharp, shooting, cutting, lacerating, stabbing, stinging, lancinating, pinching, pressing, gnawing, crushing, nagging, agonising, punishing, exhausting.

<p>Location 2</p> <p>Describe how the pain feels in your own words: _____ _____ _____</p> <p>Frequency: _____</p> <p>Severity (please circle number on scale below):</p> <p>← 0 1 2 3 4 5 6 7 8 9 10 →</p> <p>No Pain Worst Pain Imaginable</p> <p>Other</p> <p>Please describe: _____ _____ _____ _____</p>	<p>Location 2</p> <p><input type="checkbox"/> Neuropathic <input type="checkbox"/> Musculoskeletal (please go to section 10) <input type="checkbox"/> Visceral</p> <p>Location: _____</p> <p>Duration: _____</p> <p>Relieving/Exacerbating factors: _____ _____ _____</p> <p>Other</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>9.4 Does the pain interfere with your activities of daily living or social/work interactions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details: _____ _____ _____ _____</p>	<p><input type="checkbox"/> Presence of yellow flags: (see appendix)</p>
<p>9.5 Do you use any other treatments for pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Medications <input type="checkbox"/> Physiotherapy</p> <p><input type="checkbox"/> Other treatment (e.g. acupuncture)</p> <p><input type="checkbox"/> Implanted device (e.g. intrathecal pump, dorsal column stimulator)</p> <p><input type="checkbox"/> Psychological approaches (e.g. relaxation)</p> <p>Details: _____ _____ _____</p>	<p><input type="checkbox"/> Rationalise medications (see appendix)</p>
<p>9.6 Have you ever been referred to a pain clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, details: (when, where and treating specialist): _____ _____ _____</p>	<p><input type="checkbox"/> Review report</p>

APPENDIX TO PAIN SECTION

The main types of pain experienced after SCI are musculo-skeletal, visceral (abdominal), and neuropathic. The diagram below may help in your assessment of the person's pain:



Adapted from: Siddall PJ, Middleton JW. (2006) A proposed algorithm for the management of pain following spinal cord injury. *Spinal Cord*, 44: 66-77

Yellow Flags

Yellow Flags are indicators that psychosocial factors may be important in the pain problem. They include:

- belief that pain and activity are harmful
- sickness behaviours (like extended rest, medication seeking)
- history of anxiety or depression, current low or negative moods, social withdrawal
- problems with claim and compensation, time off, other claims
- problems at work, poor job satisfaction, relationship difficulties
- overprotective family or lack of support

Medications

Simple non-narcotic analgesics, paracetamol, nonsteroidal anti-inflammatory drugs (NSAIDs) and non-narcotic "muscle relaxants" (benzodiazepines) may be useful treatments to trial in musculoskeletal pain. Antidepressants and anticonvulsants are often trialled in neuropathic pain. Gabapentin and/or Pregabalin are now regarded as first-line treatments for neuropathic pain and are the only anticonvulsant drugs which have strong research evidence for their effectiveness in post-SCI neuropathic pain. Tricyclic antidepressants (TCA) may be helpful as an adjuvant agent in some SCI patients with dysaesthetic pain. There are no studies which have studied opioid analgesics in post-SCI pain specifically. Careful consideration of issues such as sedation, constipation, dependence and tolerance should occur. Controlled-release oxycodone (Oxycontin) may be helpful in neuropathic pain, but possible benefits need to be carefully weighed up against side-effects such as constipation.

GP MANAGEMENT PLAN		
Issue	Management plan	Outcome
	