

The JOA Cervical Myelopathy Evaluation Questionnaire

With regard to your health condition during the last week, please circle the one item number of the answer for the following questions that best applies. If your condition varies depending on the day or the time, circle the item number of your condition at its worst.

Q1-1 While in the sitting position, can you look up at the ceiling by tilting your head upward?

- 1) Impossible
- 2) Possible to some degree (with some efforts)
- 3) Possible without difficulty

Q1-2 Can you drink a glass of water without stopping despite the neck symptoms?

- 1) Impossible
- 2) Possible to some degree
- 3) Possible without difficulty

Q1-3 While in the sitting position, can you turn your head toward the person who is seated to the side but behind you and speak to that person while looking at his/her face?

- 1) Impossible
- 2) Possible to some degree
- 3) Possible without difficulty

Q1-4 Can you look at your feet when you go down the stairs?

- 1) Impossible
- 2) Possible to some degree
- 3) Possible without difficulty

Q2-1 Can you fasten the front buttons of your blouse or shirt with both hands?

- 1) Impossible
- 2) Possible if I spend time.
- 3) Possible without difficulty

Q2-2 Can you eat a meal with your dominant hand using a spoon or a fork?

- 1) Impossible
- 2) Possible if I spend time.
- 3) Possible without difficulty

Q2-3 Can you raise your arm? (Answer for the weaker side.)

- 1) Impossible
- 2) Possible up to shoulder level
- 3) Possible though the elbow and/or wrist is a little flexed
- 4) I can raise it straight upward

Q3-1 Can you walk on a flat surface?

- 1) Impossible
- 2) Possible but slowly even with support
- 3) Possible only with the support of a handrail, a cane, or a walker
- 4) Possible but slowly without any support
- 5) Possible without difficulty

Q3-2 Can you stand on either leg without the support of your hand?
(the need to support yourself)

- 1) Impossible with either leg
- 2) Possible on either leg for more than ten seconds
- 3) Possible on both legs individually for more than ten seconds

Q3-3

Do you have difficulty in going up the stairs?

- 1) I have great difficulty.
- 2) I have some difficulty.
- 3) I have no difficulty.

Q3-4

Do you have difficulty in one of the following motions; bending forward, kneeling or stooping?

- 1) I have great difficulty.
- 2) I have some difficulty.
- 3) I have no difficulty.

Q3-5

Do you have difficulty in walking more than 15 minutes?

- 1) I have great difficulty.
- 2) I have some difficulty.
- 3) I have no difficulty.

Q4-1

Do you have urinary incontinence?

- 1) Always
- 2) Frequently
- 3) When retaining urine over a period of more than 2 hours
- 4) When sneezing or straining
- 5) No

Q4-2

How often do you go to the bathroom at night?

- 1) Three times or more
- 2) Once or twice
- 3) Rarely

Q4-3

Do you have a feeling of residual urine in your bladder after voiding?

- 1) Most of the time
- 2) Sometimes
- 3) Rarely

Q4-4

Can you initiate (start) your urine stream immediately when you want to void?

- 1) Usually not
- 2) Sometimes
- 3) Most of the time

Q5-1

How is your present health condition?

- 1) Poor
- 2) Fair
- 3) Good
- 4) Very good
- 5) Excellent

Q5-2

Have you been unable to do your work or ordinary activities as well as you would like?

- 1) I have not been able to do them at all.
- 2) I have been unable to do them most of the time.
- 3) I have sometimes been unable to do them.
- 4) I have been able to do them most of the time.
- 5) I have always been able to do them.

Q5-3

Has your work routine been hindered because of the pain?

- 1) Greatly
- 2) Moderately
- 3) Slightly (somewhat)
- 4) Little (minimally)
- 5) Not at all

Q5-4

Have you been discouraged and depressed?

- 1) Always
- 2) Frequently
- 3) Sometimes
- 4) Rarely
- 5) Never

Q5-5

Do you feel exhausted?

- 1) Always 2) Frequently 3) Sometimes 4) Rarely 5) Never

Q5-6

Have you felt happy?

- 1) Never 2) Rarely 3) Sometimes 4) Almost always 5) Always

Q5-7

Do you think you are in decent health?

- 1) Not at all (my health is very poor)
2) Barely (my health is poor)
3) Not very much (my health is average health)
4) Fairly (my health is better than average)
5) Yes (I am healthy)

Q5-8

Do you feel your health will get worse?

- 1) Very much so 2) A little bit at a time
3) Sometimes yes and sometimes no 4) Not very much 5) Not at all

Regarding 0 as “no pain (numbness) at all” and 10 as “the most intense pain (numbness) imaginable,” mark a point between 0 and 10 on the lines below to show the degree of your pain (numbness) when your symptom was at its worst during the last week.

If you feel pain or stiffness in your neck or shoulders, mark the degree

0 10

If you feel tightness in your chest, mark the degree

0 10

If you feel pain or numbness in your arms or hands, mark the degree
(If there is pain in both limbs, then the worse of the two)

0 10

If you feel pain or numbness from chest to toe, mark the degree

0 10

0 : No pain (numbness) at all
10 : The worst state imaginable