

Name: _____

Instructions:

This questionnaire has been designed to give your therapist information as to how your back pain has affected you in your everyday life activities. Please answer each section; marking only ONE box which best describes your status today.

Section 1 – Pain Intensity

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

Section 2 – Personal Care (Washing, dressing, etc.)

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increase the pain but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing or dressing without help.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at most.

Section 4 – Walking

- I have no pain when walking.
- I have some pain when walking but it does not increase with distance.
- I cannot walk more than 1 mile without increasing pain.
- I cannot walk more than ½ mile without increasing pain.
- I cannot walk more than ¼ mile without increasing pain.
- I cannot walk at all without increasing pain.

Section 5 – Sitting

- I can sit in any chair as long as I like.
- I can sit only in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.

- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain immediately.

Section 6 – Standing

- I can stand as long as I want without pain.
- I have some pain on standing but it does not increase with time.
- I cannot stand for longer than 1 hour without increasing pain.
- I cannot stand for longer than ½ hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain immediately.

Section 7 – Sleeping

- I get no pain in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of pain, my normal nights sleep is reduced by less than one-quarter.
- Because of pain, my normal nights sleep is reduced by less than one-half.
- Because of pain, my normal nights sleep is reduced by less than three-quarters.
- Pain prevents me from sleeping at all.

Section 8 – Social Life

- My social life is normal and gives me no pain.
- My social life is normal but it increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

Section 9 – Traveling

- I get no pain when traveling.
- I get some pain when traveling but none of my usual forms of travel make it any worse.
- I get extra pain while traveling but it does not compel me to seek alternate forms of travel.
- I get extra pain while traveling which compels me to seek alternative forms of travel.
- Pain restricts me to short necessary journeys under ½ hour.
- Pain restricts all forms of travel.

Section 10 – Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but is definitely getting better.
- My pain seems to be getting better but improvement is slow.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Scoring:

Simply count up the points and plug the total in below. For each question there is a possible of 5 points: 0 for the first question, 1 for the second question, 2 for the third question, etc.

Total Score = SUM (points for all 10 sections)

Disability in percent = (total score) / 50 * 100

If not all of the questions are answered then disability in percent = (total score) / (5 * (number of questions answered)) * 100