



Name: \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire has been designed to give your doctor information as to how your **back** pain has affected your ability to manage your everyday life. Please answer every question by placing a mark in **one** the box that best describes your condition today. We realize you may feel that two of the statements may describe your condition but **please only mark the box which most closely describes your current condition**

**Pain Intensity**

- The Pain comes and goes and is very minimal.
- 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 very severe.
- The pain is sever and does not vary much.

**Personal Care**

- I can take care of myself normally without causing increased pain.
- I can take care of myself normally but it increases my pain.
- It is painful to take care of myself and I am slow and careful.
- I need help but I am able to manage most of my personal care.
- I need help every day in most aspects of my care.
- I do not get dressed, wash with difficulty and stay in bed.

**Lifting**

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor
- 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 the most.

**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 one 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.

**Sitting**

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

**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 one 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 right away.

**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 night's sleep is reduced by less than ¼.
- Because of my pain, my normal night's sleep is reduced by less than ½.
- Because of my pain, my normal night's sleep is reduced by less than ¾.
- Pain prevents me from sleeping at all.

**Social Life**

- My social life is normal and gives me no pain.
- My social life is normal, but 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.

**Traveling**

- I get no pain while traveling.
- I get some pain while 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 alternative forms of travel
- I get extra pain while traveling, which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

**Employment/Homemaking**

- My normal homemaking/job activities do not cause pain.
- My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (ex. Lifting, vacuuming)
- Pain prevents me from doing anything but light duties.
- Pain prevents me from performing even light duties.
- Pain prevents me from performing any job or homemaking chores.

Score = \_\_\_\_\_ %

Date Recorded: \_\_\_\_\_