



PATIENT NAME - LAST _____ FIRST _____ MI _____ DATE _____
 DOB: _____

This questionnaire will give the doctor information as to how your back condition affects your everyday life. Please answer every section and mark only the **one box** that applies to you. If two statements in one section relate to you, please **mark the box which most closely describes your problem**.

Section 1 - Pain Intensity

- 0 The pain comes and goes and is very mild.
- 1 The pain is mild and does not vary much.
- 2 The pain comes and goes and is moderate.
- 3 The pain is moderate and does not vary much.
- 4 The pain comes and goes and is very severe.
- 5 The pain is very severe and does not vary much.

Section 2 - Personal Care

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

Section 3 - Lifting

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights, but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor
- 3 Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g. on a table).
- 4 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 5 I can lift only very light weights.

Section 4 - Walking

- 0 I have no pain while walking.
- 1 I have some pain while walking but it does not increase with distance.
- 2 I cannot walk more than one mile without increasing pain.
- 3 I cannot walk more than 1/2 mile without increasing pain.
- 4 I cannot walk more than 1/4 mile without increasing pain.
- 5 I cannot walk at all without increasing pain.

Section 5 - Sitting

- 0 I can sit in any chair as long as I like.
- 1 I can only sit in my favorite chair as long as I like.
- 2 Pain prevents me from sitting more than 1 hour.
- 3 Pain prevents me from sitting more than 1/2 hour.
- 4 Pain prevents me from sitting more than 10 minutes.
- 5 I avoid sitting because it increases pain immediately.

Section 6 - Standing

- 0 I can stand as long as I want without pain.
- 1 I have some pain while standing but it does not increase with time.
- 2 I cannot stand for longer than 1 hour without increasing pain.
- 3 I cannot stand for longer than 1/2 hour without increasing pain.
- 4 I cannot stand for longer than 10 minutes without increasing pain.
- 5 I avoid standing because it increases pain immediately.

Section 7 - Sleeping

- 0 I get no pain in bed.
- 1 I get pain in bed but it does not prevent me from sleeping well.
- 2 Because of pain my normal night's sleep is reduced by less than 25%.
- 3 Because of pain my normal night's sleep is reduced by less than 50%.
- 4 Because of pain my normal night's sleep is reduced by less than 75%.
- 5 Pain prevents me from sleeping at all.

Section 8 - Social Life

- 0 My social life is normal and gives me no extra pain.
- 1 My social life is normal but increases the degree of pain.
- 2 Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.).
- 3 Pain has restricted my social life and I do not go out very often.
- 4 Pain has restricted my social life to my home.
- 5 I have hardly any social life because of the pain.

Section 9 - Traveling

- 0 I get no pain while traveling.
- 1 I get some pain while traveling but none of my usual forms of travel make it any worse.
- 2 I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- 3 I get extra pain while traveling which causes me to seek alternate forms of travel.
- 4 Pain restricts all forms of travel except that done lying down.
- 5 Pain restricts all forms of travel.

Section 10 - Changing degree of pain

- 0 My pain is rapidly getting better.
- 1 My pain fluctuates but overall is definitely getting better.
- 2 My pain seems to be getting better but improvement is slow at present.
- 3 My pain is neither getting better or worse.
- 4 My pain is gradually worsening.
- 5 My pain is rapidly worsening.

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