

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LOW BACK PAIN QUESTIONNAIRE**

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by marking the ONE CHOICE THAT MOST APPLIES TO YOU TODAY.

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| **Section 1 – Pain Intensity**   * I can tolerate the pain I have without having to use pain medication * The pain is bad, but I manage without taking pain medication * Pain medication provides me with complete relief from pain * Pain medication provides me moderate relief from pain * Pain medication provides me with little relief from pain * Pain medication has no effect on my pain   **Section 2 – Personal Care (washing, dressing, etc.)**   * 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, I wash with difficulty, and I stay in bed   **Section 3 – Lifting**   * I can lift heavy weights without increased pain * I can lift heavy weights, but it causes increased pain * 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 * I cannot lift or carry anything at all   **Section 4 – Walking**   * Pain does not prevent me from walking any distance * Pain prevents me from walking more than 1 mile * Pain prevents me from walking more than ½ mile * Pain prevents me from walking more than ¼ mile * I can only walk with crutches or a cane * I am in bed most of the time and have to crawl to the toilet   **Section 5 – 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 for more than 1 hour * Pain prevents me from sitting for more than 30 minutes * Pain prevents me from sitting for more than 10 minutes * Pain prevents me from sitting at all | **Section 6 – Standing**   * I can stand as long as I want without increased pain * I can stand as long as I want but my pain increases with time * Pain prevents me from standing for more than 1 hour * Pain prevents me from standing for more than 30 minutes * Pain prevents me from standing more than 10 minutes * Pain prevents me from standing at all   **Section 7 – Sleeping**   * Pain does not prevent me from sleeping well * I can sleep well only by using pain medication * Even when I take medication, I sleep less than 6 hours * Even when I take medication, I sleep less than 4 hours * Even when I take medication, I sleep less than 2 hours * Pain prevents me from sleeping at all   **Section 8 – Social Life**   * My social life is normal and does not increase my pain * My social life is normal but increases my level of pain * Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.) * Pain prevents me from going out very often * Pain has restricted my social lift to my home * I have hardly any social life because of my pain   **Section 9 – Traveling**   * I can travel anywhere without increased pain * I can travel anywhere, but it increases my pain * My pain restricts my travel over 2 hours * My pain restricts my travel over 1 hour * My pain restricts my travel to short necessary journeys under 3o minutes * My pain prevents all travel except for me to receive treatment   **Section 10 – Employment/Homemaking**   * My normal job/homemaking activities do not cause pain * My normal job/homemaking activities increase my pain, but I can still perform all that is required of me * I can perform most of my job/homemaking activities, 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 doing even light duties * Pain prevents me from performing any job or homemaking chores |