

BACK Pain and Disability Questionnaire

Rate the severity of your pain by circling one number: (No Pain) 0...1...2...3...4...5...6...7...8...9...10 (Excruciating Pain)

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Read through each section and check only ONE line that applies to you. You may find that two of the statements in a section relate to you, but please just check ONE line that best describes your current predicament.

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 very severe.
- the pain is severe and does not vary much.

Section 2- Personal Care

- I do 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 increases 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.

Section 3- Lifting

- I can lift heavy weight without extra pain.
- I can lift heavy weight but it causes extra pain.
- I cannot lift heavy weight off the floor, but I can manage if
They are conveniently positioned like on a table.
- I cannot lift heavy weight, but I can manage light to medium
Weights if they are conveniently positioned.
- I cannot lift any weight due to back pain.

Section 4- 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.
- I cannot sit more than 1 hour because of back pain.
- I cannot sit more than half hour because of back pain.

Section 5- Standing

- I can stand as long as I want without pain.
- I have some pain when standing but it does not increase with
Time.
- I cannot stand longer than 1 hour without increasing pain.
- I cannot stand longer than 1/2 hour without increasing pain.
- I cannot stand longer than 10 mins. Without increasing pain.
- I avoid standing because it increases pain right away.

Section 6- Sleeping

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping.
- My normal nights sleep is reduced by 1/4 due to pain.
- My normal nights sleep is reduced by 1/2 due to pain.
- My normal nights sleep is reduced by 3/4 due to pain.
- Pain prevents me from sleeping at all.

Section 7- 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 1/2 miles without increasing pain.
- I cannot walk more than 1/4 miles without increasing pain.
- I cannot walk at all without increasing pain.

Section 8- Social Life

- My social life is normal and gives me no extra 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 (like dancing, etc.).
- Pain has restricted my social life so I don't 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 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 that compels me to seek
alternative forms of travel.
- Pain restricts most forms of traveling.
- Pain prevents all forms of travel except that done lying
down.

Section 10- Changes in the Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but overall 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.

Patient Name (Print)

Patient Signature

Date

FOR OFFICE USE ONLY:

_____ x 2 =
Total Points

Disability Percentage

Rating Scale