**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read:** 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 check only **ONE** box in each section that most clearly describes your problem right now.

**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 the 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 and 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 but I can manage light weights if they are conveniently placed.
* 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.

**Section 4 – Walking**

* I have no pain on walking.
* I have some pain on walking but it does not increase with distance.
* I can’t walk more than one mile without increasing pain.
* I can’t walk more than ½ mile without increasing pain.
* I can’t 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 without pain.
* I can sit in my favorite chair as long as I like.
* Pain prevents me sitting more than 1 hour.
* Pain prevents me 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 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 pain immediately.

**Section 7 – Sleeping**

* I have no pain in bed.
* I have 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 pain, my normal night’s sleep is reduced by less than ¾.
* Pain prevents me from sleeping at all.

**Section 8 – Social Life**

* My social life is normal and causes no extra pain.
* My social life is normal but causes some extra pain.
* Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing
* Pain has restricted my social life to my home.
* I have hardly any social life because of my pain.

**Section 9 – Traveling**

* I get no pain when traveling.
* I get some pain when traveling, but none of my usual forms of travel makes it any worse.
* I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
* I seek alternative forms of travel to alleviate the pain.
* Pain prevents all forms of travel except that done laying down.
* Pain restricts all forms of travel.

**Section 10 – Changing 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 nor getting worse.
* My pain is gradually worsening.
* My pain is rapidly worsening