

Low Back

Office Use Only New Patient
Re-Eval
New Injury

Name _____ Chart # _____

Please Read: This questionnaire is designed to enable the doctors to understand how your back and leg pain has affected your ability to manage everyday activities. Please answer **each section** by circling the **one choice** that most applies to you. We realize that you may feel more than one statement may apply, but please select **only one from each section that describes your problem right now.**

Section 1 – Pain Intensity (How bad does it hurt right now?)

- A. I can tolerate the pain without taking pain killers.
- B. The pain is bad, but I manage without taking pain killers.
- C. Pain killers give me complete relief from pain.
- D. Pain killers give me moderate relief from pain.
- E. Pain killers give me very little relief from pain.
- F. Pain killers have no effect on the pain, and I do not use them.

Section 2 – Personal Care (Washing, dressing, etc.)

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed; I wash with difficulty and stay in bed.

Section 3 – Lifting (like a gallon of milk, etc.)

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned as on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage to lift light to medium weights, conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

Section 4 – Walking

- A. Pain does not prevent me walking any distance.
- B. Pain prevents me from walking more than 1 mile.
- C. Pain prevents me from walking more than ½ mile.
- D. Pain prevents me from walking more than ¼ mile.
- E. I can only walk with a stick or crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

Section 5 – Sitting

- A. I can sit in any chair as long as I like.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me sitting more than 1 hour.
- D. Pain prevents me from sitting more than ½ hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. Pain prevents me from sitting at all.

Section 6 – Standing

- A. I can stand as long as I want without extra pain.
- B. I can stand as long as I want, but it gives me extra pain.
- C. Pain prevents me from standing for more than 1 hour.
- D. Pain prevents me from standing for more than 30 minutes.
- E. Pain prevents me from standing for more than 10 minutes.
- F. Pain prevents me from standing at all.

Section 7 – Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

Section 8 – Sex Life

- A. My sex life is normal and causes no extra pain.
- B. My sex life is normal but causes some extra pain.
- C. My sex life is nearly normal but is very painful.
- D. My sex life is severely restricted by pain.
- E. My sex life is nearly absent because of pain.
- F. Pain prevents any sex life at all.

Section 9 – Social Life

- A. My social life is normal and gives me no extra pain.
- B. My social life is normal but increases the degree of pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, such as dancing.
- D. Pain has restricted my social life, and I do not go out as often.
- E. Pain has restricted my social life to home.
- F. I have no social life because of pain.

Section 10 – Traveling

- A. I can travel anywhere without extra pain.
- B. I can travel anywhere, but it gives me extra pain.
- C. Pain is bad, but I manage journeys over two hours.
- D. Pain restricts me to journeys of less than 1 hour.
- E. Pain restricts me to short necessary journeys less than 30 minutes.
- F. Pain prevents me from traveling except to the doctor or the hospital.

Signature _____

Date _____

Disability Index Score % _____

Neck

Name _____ Chart # _____

Please Read: This questionnaire is designed to enable the doctors to understand how your back and leg pain has affected your ability to manage everyday activities. Please answer **each section** by circling the **one choice** that most applies to you. We realize that you may feel more than one statement may apply, but please select **only one from each section that describes your problem right now.**

Section 1 – Pain Intensity (How bad does it hurt right now?)

- A. I have no pain at the moment.
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain is severe but comes and goes.
- F. The pain is severe and does not vary much.

Section 2 – Personal Care (washing, dressing, etc.)

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed; I wash with difficulty and stay in bed.

Section 3 – Lifting (like a gallon of milk, etc.)

- A. I can lift heavy objects without extra pain.
- B. I can lift heavy objects, but it causes extra pain.
- C. Pain prevents me from lifting heavy objects off the floor but I can if they are conveniently positioned as on a table.
- D. Pain prevents me from lifting heavy objects, but I can manage to lift light to medium weights, conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

Section 4 – Reading, writing, working on a computer

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all.

Section 5 – Headache

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come often.
- E. I have severe headaches which come often.
- F. I have headaches almost all the time.

Section 6 – Concentration

- A. I can concentrate fully when I want to, with no difficulty.
- B. I can concentrate fully when I want to, with slight difficulty.
- C. I have a fair degree of difficulty in concentrating, when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

Section 7 – Work

- A. I can do as much work as I want to.
- B. I can only do my usual work but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

Section 8 – Driving

- A. I can drive my car without neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive my car at all because of severe pain in my neck.
- F. I cannot drive my car at all.

Section 9 – Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

Section 10 – Recreation

- A. I am able to engage in all recreational activities with no pain in my neck at all.
- B. I am able to engage in all recreational activities with some pain in my neck.
- C. I am able to engage in most, but not all recreational activities because of pain in my neck.
- D. I am able to engage in a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

Signature _____

Date _____

Disability Index Score % _____