Name	Date
This questionnaire will give your provider information	Personal Care
about how your back condition affects your everyday life. Please answer every section by marking the one	☐ I do not have to change my way of washing or dressing in order to avoid pain.
statement that applies to you. If two or more	☐ I do not normally change my way of washing or dressing even though it causes some pain.
statements in one section apply, please mark the one statement that most closely describes your problem.	☐ Washing and dressing increases 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.
Pain Intensity	☐ Because of the pain I am unable to do some washing and dressing without help.
□ The pain comes and goes and is very mild.□ The pain is mild and does not vary much.	 Because of the pain I am unable to do any washing and dressing without help.
□ The pain comes and goes and is moderate.□ The pain is moderate and does not vary much.	Lifting
□ The pain comes and goes and is very severe.□ The pain is very severe and does not vary much.	 ☐ I can lift heavy weights without extra pain. ☐ I can lift heavy weights but it causes extra pain.
Sleeping	☐ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
☐ I get no pain in bed.☐ I get pain in bed but it does not prevent me from sleeping well.	□ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently
 □ Because of pain my normal sleep is reduced by less than 25%. □ Because of pain my normal sleep is reduced by less than 50%. 	positioned. ☐ I can only lift very light weights.
□ Because of pain my normal sleep is reduced by less than 75%.□ Pain prevents me from sleeping at all.	☐ I cannot lift or carry anything at all.
Sitting	Traveling
☐ I can sit in any chair as long as I like.	 ☐ I get no pain while traveling. ☐ I get some pain while traveling but none of my usual forms of
☐ I can only sit in my favorite chair as long as I like.☐ Pain prevents me from sitting more than 1 hour.	travel make it worse.
 □ Pain prevents me from sitting more than 1/2 hour. □ Pain prevents me from sitting more than 10 minutes. 	☐ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
☐ I avoid sitting because it increases pain immediately.	I get extra pain while traveling which causes me to seek alternate forms of travel.
Standing	 □ Pain restricts all forms of travel except that done while lying down. □ Pain restricts all forms of travel.
☐ I can stand as long as I want without pain.	- Pain restricts an forms of traver.
I have some pain while standing but it does not increase with time.	Social Life
 ☐ I cannot stand for longer than 1 hour without increasing pain. ☐ I cannot stand for longer than 1/2 hour without increasing pain. 	☐ My social life is normal and gives me no extra pain.
☐ I cannot stand for longer than 10 minutes without increasing	☐ My social life is normal but increases the degree of pain.☐ Pain has no significant affect on my social life apart from limiting
pain. ☐ I avoid standing because it increases pain immediately.	my more energetic interests (e.g., dancing, etc). Pain has restricted my social life and I do not go out very often.
Walking	□ Pain has restricted my social life to my home.□ I have hardly any social life because of the pain.
☐ I have no pain while walking. ☐ I have some pain while walking but it doesn't increase with	Changing degree of pain
distance. ☐ I cannot walk more than 1 mile without increasing pain.	☐ My pain is rapidly getting better.☐ My pain fluctuates but overall is definitely getting better.
 □ I cannot walk more than 1/2 mile without increasing pain. □ I cannot walk more than 1/4 mile without increasing pain. 	 ☐ My pain seems to be getting better but improvement is slow. ☐ My pain is neither getting better or worse.
☐ I cannot walk at all without increasing pain.	 □ My pain is gradually worsening. □ My pain is rapidly worsening.