

Please rate the severity of your low back pain by circling one number:

(No Pain) 0...1...2...3...4...5...6...7...8...9...10 (Excruciating pain)

This questionnaire is to help your doctor understand how your lumbar pain has affected your ability to manage everyday life. **Please mark one of the boxes in each category which most closely describes your present-day situation.**

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 having to take pain medication.
- Pain medication provides me complete relief from pain.
- Pain medication provides me moderate relief from pain.
- Pain medication provides me little relief from pain.
- Pain medication has no effect on the 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 with most aspects of my care.
- I do not get dressed, was with difficulty and stay in bed.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives me additional pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e. 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 lift only 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 ¼ mile.
- Pain prevents me from walking more than 100 yards.
- I can only walk using a cane, crutches, or walker.
- I am in bed most of the time.

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 mins.
- Pain prevents me from sitting for more than 10 mins.
- Pain prevents me from sitting at all.

Section 6 – Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing for more than 1 hour.
- Pain prevents me from standing for more than 30 mins.
- Pain prevents me from standing for more than 10 mins.
- Pain prevents me from standing at all.

Section 7 – Sleeping

- My sleep is not interrupted by pain.
- My sleep is occasionally interrupted by pain.
- Because of my pain I have less than 6 hours of sleep.
- Because of my pain I have less than 4 hours of sleep.
- Because of my pain I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

Section 8 – Social Life

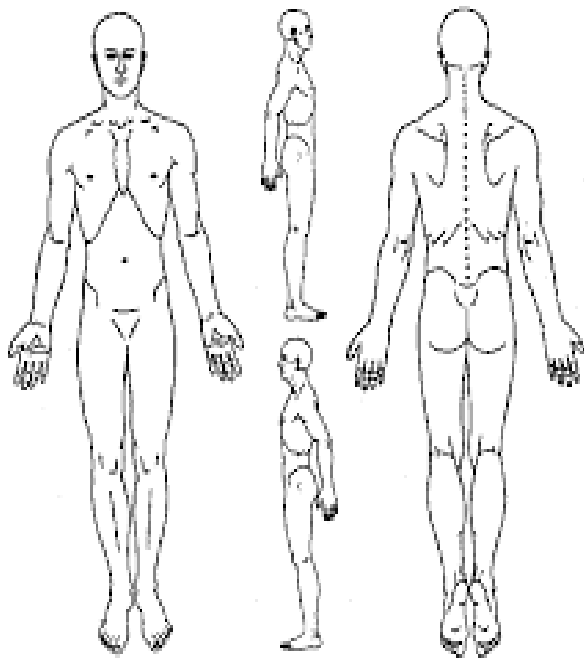
- My social life is normal and does not increase my pain.
- My social life is normal but increases my level of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, sports, dancing, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Section 9 – Traveling

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me additional pain.
- Pain is bad but I manage to travel over two hours.
- Pain restricts me from traveling for less than one hour.
- Pain restricts me to short necessary travel of less than 30 mins.
- Pain prevents me from traveling except to the doctor or hospital.

Section 10 – Employment/Homemaking

- My normal homemaking/job activities do not cause pain.
- My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (ex. Lifting, vacuuming, etc.)
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job/homemaking chores.



A = ACHE

P = PINS & NEEDLES

B = BURNING

S = STABBING

N = NUMBNESS