

LOW BACK DISABILITY QUESTIONNAIRE

NAME _____

DATE: _____

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

<p>SECTION 1 - PAIN INTENSITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> The pain comes and goes and is very mild. The pain is mild and does not vary much. <input type="checkbox"/> The pain comes and goes and is moderate. <input type="checkbox"/> The pain is moderate and does not vary much. <input type="checkbox"/> The pain comes and goes and is very severe. <input type="checkbox"/> The pain is severe and does not vary much. 	<p>SECTION 6- STANDING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want without pain. I have some pain on standing, but it does not increase with time. <input type="checkbox"/> I cannot stand for longer than one hour without increasing pain. <input type="checkbox"/> I cannot stand for longer than 1/2 hour without increasing pain. <input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain. <input type="checkbox"/> I avoid standing because it increases the pain right away.
<p>SECTION 2 - PERSONAL CARE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I would not have to change my way of washing or dressing in order to avoid pain. <input type="checkbox"/> I do not normally change my way of washing or dressing even though it causes some pain. <input type="checkbox"/> Washing and dressing increases the pain, but I manage not to change my way of doing it. <input type="checkbox"/> Washing and dressing increases the pain, and I find it necessary to change my way of doing it. <input type="checkbox"/> Because of the pain, I am unable to do some washing and dressing without help. <input type="checkbox"/> Because of the pain, I am unable to do any washing and dressing without help. 	<p>SECTION 7 - SLEEPING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I get no pain in bed. <input type="checkbox"/> I get pain in bed, but it does not prevent me from sleeping well. <input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than 1/4. <input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than 1/2. <input type="checkbox"/> Because of pain, my normal night's sleep is reduced by less than 3/4. <input type="checkbox"/> Pain prevents me from sleeping at all.
<p>SECTION 3 - LIFTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights, but it causes extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table). <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can only lift very light weights at the most. 	<p>SECTION 8 - SOCIAL LIFE</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and gives me no pain. My social life is normal but increases the degree of pain. <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc. <input type="checkbox"/> Pain has restricted my social life, and I do not go out very often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have hardly any social life because of the pain.
<p>SECTION 4 - WALKING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain on walking. <input type="checkbox"/> I have some pain on walking, but it does not increase with distance. <input type="checkbox"/> I cannot walk more than one mile without increasing pain. <input type="checkbox"/> I cannot walk more than 1/2 mile without increasing pain. <input type="checkbox"/> I cannot walk more than 1/4 mile without increasing pain. <input type="checkbox"/> I cannot walk at all without increasing pain. 	<p>SECTION 9 - TRAVELING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I get no pain while traveling. <input type="checkbox"/> I get some pain while traveling, but none of my usual forms of travel makes it any worse. I get extra pain while travelling, but it does not compel me to seek alternative forms of travel. <input type="checkbox"/> I get extra pain while traveling, which compels me to seek alternative forms of travel. <input type="checkbox"/> Pain prevents all forms of travel except that done lying down. <input type="checkbox"/> Pain restricts all forms of travel.
<p>SECTION 5 - SITTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting for more than one hour. <input type="checkbox"/> Pain prevents me from sitting for more than 1/2 hour. <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes. <input type="checkbox"/> I avoid sitting because it increases pain right away. 	<p>SECTION 10 - CHANGING DEGREE OF PAIN</p> <ul style="list-style-type: none"> <input type="checkbox"/> My pain is rapidly getting better. <input type="checkbox"/> My pain fluctuates but is definitely getting better. My pain seems to be getting better, but my improvement is slow at present. <input type="checkbox"/> My pain is neither getting better nor worse. <input type="checkbox"/> My pain is gradually worsening. <input type="checkbox"/> My pain is rapidly worsening.

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

NAME: _____ DATE: _____

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p>SECTION 1 - PAIN INTENSITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have NO pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment. 	<p>SECTION 6 - CONCENTRATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can concentrate fully when I want to with no difficulty. <input type="checkbox"/> I can concentrate fully when I want to with slight difficulty. <input type="checkbox"/> I have a fair degree of difficulty in concentrating when I want to. <input type="checkbox"/> I have a lot of difficulty concentrating when I want to. <input type="checkbox"/> I have a great deal of difficulty in concentrating when I want to. <input type="checkbox"/> I cannot concentrate at all.
<p>SECTION 2 - PERSONAL CARE (WASHING, DRESSING, ETC.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally, but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed. 	<p>SECTION 7 - WORK</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can do as much work as I want to. <input type="checkbox"/> I can only do my usual work, but no more. <input type="checkbox"/> I can do most of my usual work, but no more. <input type="checkbox"/> I cannot do my usual work. <input type="checkbox"/> I can hardly do any work at all. <input type="checkbox"/> I cannot do any work at all.
<p>SECTION 3 - LIFTING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights, but it gives me extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>SECTION 8 - DRIVING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can drive my car without any neck pain. <input type="checkbox"/> I can drive my car as long as I want with slight pain in my neck. <input type="checkbox"/> I can drive my car as long as I want with moderate pain in my neck. <input type="checkbox"/> I cannot drive my car as long as I want because of moderate pain in my neck. <input type="checkbox"/> I can hardly drive at all because of severe pain in my neck. I cannot drive my car at all.
<p>SECTION 4 - READING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can read as much as I want to with no pain in my neck. <input type="checkbox"/> I can read as much as I want to with slight pain in my neck. <input type="checkbox"/> I can read as much as I want to with moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of moderate pain in my neck. <input type="checkbox"/> I cannot read as much as I want because of severe pain in my neck. <input type="checkbox"/> I cannot read at all. 	<p>SECTION 9 - SLEEPING</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is slightly disturbed (less than 1 hour sleepless). <input type="checkbox"/> My sleep is mildly disturbed (1-2 hours sleepless). <input type="checkbox"/> My sleep is moderately disturbed (2-3 hours sleepless). <input type="checkbox"/> My sleep is greatly disturbed (3-5 hours sleepless). My sleep is completely disturbed (5-7 hours)
<p>SECTION 5 - HEADACHES</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no headaches at all. <input type="checkbox"/> I have slight headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come infrequently. <input type="checkbox"/> I have moderate headaches which come frequently. <input type="checkbox"/> I have severe headaches which come frequently. I have headaches almost all the time. 	<p>SECTION 10 - RECREATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am able to engage in all of my recreational activities with no neck pain at all. <input type="checkbox"/> I am able to engage in all of my recreational activities with some pain in my neck. <input type="checkbox"/> I am able to engage in most, but not all of my recreational activities because of pain in my neck. <input type="checkbox"/> I am able to engage in a few of my recreational activities because of pain in my neck. <input type="checkbox"/> I can hardly do any recreational activities because of pain in my neck. <input type="checkbox"/> I cannot do any recreational activities at all.