

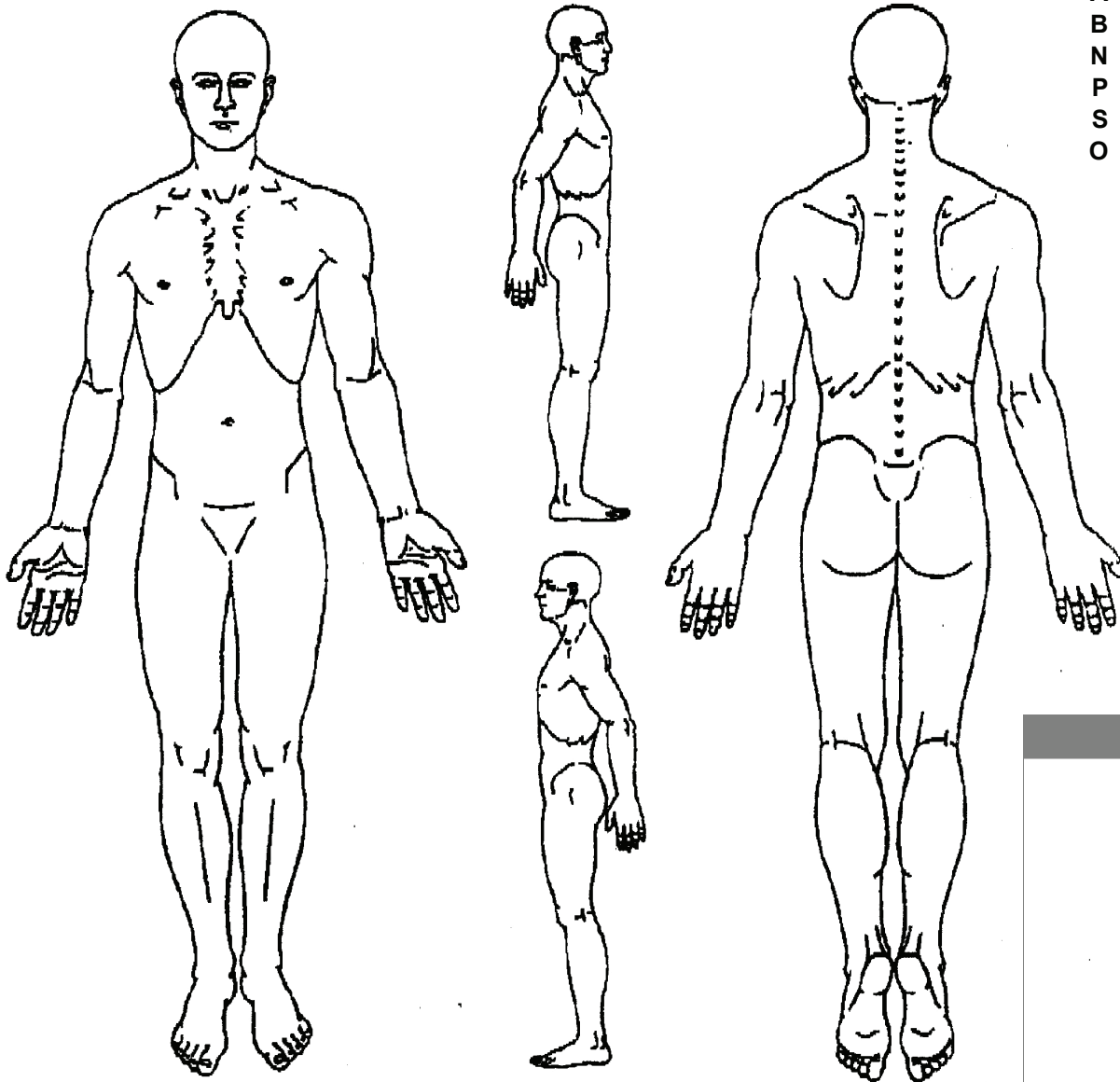
Back Pain Disability Index Questionnaire (Part 1—Please complete both pages)

Date _____
Name _____
Date of Birth _____ Age _____
Occupation _____

How long have you had low back pain? Years Months Weeks
Is this your first episode of low back pain? Yes No

Use these letters to indicate the type and location of your sensations right now:

- A Ache
- B Burning
- N Numbness
- P Pins & Needles
- S Stabbing
- O Other



Comments

Patient Signature _____

Back Pain Disability Index Questionnaire

(Part 2—Please complete both pages)

This questionnaire is designed to help us understand how much your low back 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 that more than one statement may relate to you, but please select the one choice that most closely describes your problem right now.

PAIN INTENSITY

- A I have no pain at the moment.
- B The pain is very mild at the moment.
- C The pain is moderate at the moment.
- D The pain is fairly severe at the moment.
- E The pain is very severe at the moment.
- F The pain is the worst imaginable at the moment.

PERSONAL CARE

- A I would not have to change my way of washing or dressing in order to avoid pain.
- B I do not normally change my way of washing or dressing even though it causes some pain.
- C Washing and dressing increase the pain, but I manage not to change my way of doing it.
- D Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- E Because of the pain, I am unable to do some washing and dressing without help.
- F Because of the pain, I am unable to do any washing or dressing without help.

LIFTING

- 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.
- D Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently placed (on a table).
- E Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- F I can only lift very light weights, at the most.

WALKING

- A Pain does not prevent me from walking any distance.
- B Pain prevents me from walking more than 1 mile.
- C Pain prevents me from walking more than 1/2 mile.
- D Pain prevents me from walking more than 1/4 mile.
- E I can only walk while using a cane or crutches.
- F I am in bed most of the time and have to crawl to the toilet.

SITTING

- A I can sit in any chair as long as I like without pain.
- B I can only sit in my favorite chair as long as I like.
- C Pain prevents me from sitting more than 1 hour.
- D Pain prevents me from sitting more than 1/2 hour.
- E Pain prevents me from sitting more than 10 minutes.
- F Pain prevents me from sitting at all.

STANDING

- A I can stand as long as I want without pain.
- B I have some pain while standing, but it doesn't increase with time.
- C I can't stand for more than 1 hour without increasing pain.
- D I can't stand for more than 1/2 hour without increasing pain.
- E I can't stand for more than 10 minutes without increasing pain.
- F I avoid standing because it increases pain immediately.

SLEEPING

- A I get no pain in bed.
- B I get pain in bed, but it doesn't prevent me from sleeping well.
- C Because of pain, my normal night's sleep is reduced by less than one quarter.
- D Because of pain, my normal night's sleep is reduced by less than one half.
- E Because of pain, my normal night's sleep is reduced by less than three quarters.
- F Pain prevents me from sleeping at all.

SOCIAL LIFE

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

TRAVELING

- A I get no pain while traveling
- B I get some pain while traveling, but none of my usual forms of travel make it any worse.
- C I get extra pain while traveling, but it does not make me seek alternative forms of travel.
- D I get some extra pain while traveling which makes me seek alternative forms of travel.
- E Pain restricts all travel.
- F Pain prevents all forms of travel except that done lying down.

CHANGING DEGREE OF PAIN

- A My pain is rapidly getting better.
- B My pain fluctuates, but overall is definitely getting better.
- C My pain seems to be getting better, but improvement is slow at present.
- D My pain is neither getting better or worse.
- E My pain is gradually worsening.
- F My pain is rapidly worsening.