

Name: _____

Date: _____

- This questionnaire is designed to enable us to understand how much your low back/leg pain has affected your ability to manage your everyday activities.
- Please answer each section by placing a check mark on 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 **CHECK THE ONE CHOICE** WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

SECTION 1 - Pain Intensity

- I have no pain.
- The pain is mild.
- The pain comes and goes and is moderate.
- The pain does not vary much and is moderate.
- The pain comes and goes and is severe.
- The pain does not vary much and is severe.

SECTION 2 - Personal Care

- I would not have to change my way of washing or dressing to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- 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.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing or dressing without help.

SECTION 3 - Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights from any height.
- Pain prevents me from lifting heavy off the floor, but I can manage if they are conveniently positioned, (e.g. on a table).
- Pain prevents me from lifting heavy weights off the floor, but I can manage medium weights if they are conveniently positioned.
- I can only lift very light weights at the most.

SECTION 4 - Walking

- I can walk as long as I want without getting pain.
- Walking gives me pain which does not increase with time.
- Walking gives me pain which I can relieve by varying my pace.
- I get pain only when I walk long distances.
- I get pain when I walk short distances.
- I avoid walking because it gives me pain straight away.

Name: _____

Date: _____

SECTION 5 – Sitting

- I can sit in any chair as long as I like without pain.
- I can sit in some types of chairs as long as I like without getting pain.
- I get pain only when I get out of some seats.
- I get pain after sitting in most seats.
- I get pain soon on sitting in most seats
- Sitting in most seats gives me pain straight away.

SECTION 6 – Standing

- I can stand as long as I want without pain.
- Standing eventually causes some pain, but it does not increase with time.
- Standing eventually gives me pain which I can relieve by shifting my weight.
- Standing eventually gives me pain which I cannot relieve by shifting my weight.
- I get pain soon on standing.
- I avoid standing because I get pain straight away.

SECTION 7 – Sleeping

- I get no pain in bed.
- I get some pain in bed but it does not disturb my sleep.
- I get some pain in bed which sometimes disturbs my sleep.
- I get pain in bed which often disturbs my sleep.
- I get pain in bed which always disturbs my sleep.
- Pain prevents me from sleeping at all.

SECTION 8 – Social Life

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

SECTION 9 – Traveling

- I get no pain while traveling.
- I get some pain while traveling, but none of my usual forms of travel make it any worse.
- I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while traveling which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

SECTION 10 - Recreation

- My pain has gone.
- My pain is rapidly getting better.
- My pain varies but is slowly getting better.
- My pain is getting neither better nor worse.
- My pain is slowly worsening.
- My pain is rapidly worsening.