

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Appt: \_\_\_\_\_

## Lumbar Spine: Low Back Pain and/or Leg Pain

Answer every question by placing an "X" in the box of the best answer.

Mark **only one** answer for each question.

<p><b>1 Pain Intensity</b> (mark only one box)</p> <p><input type="checkbox"/> I can tolerate the pain I have without having to use painkillers.</p> <p><input type="checkbox"/> The pain is bad but I manage without taking painkillers.</p> <p><input type="checkbox"/> Painkillers give complete relief from pain.</p> <p><input type="checkbox"/> Painkillers give moderate relief from pain.</p> <p><input type="checkbox"/> Painkillers give very little relief from pain.</p> <p><input type="checkbox"/> Painkillers have no effect on the pain. I do not use them.</p>	<p><b>6 Standing</b> (mark only one box)</p> <p><input type="checkbox"/> I can stand as long as I want without extra pain.</p> <p><input type="checkbox"/> I can stand as long as I want, but it gives extra pain.</p> <p><input type="checkbox"/> Pain prevents me from standing more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from standing more than 30 minutes.</p> <p><input type="checkbox"/> Pain prevents me from standing more than 10 minutes.</p> <p><input type="checkbox"/> Pain prevents me from standing at all.</p>
<p><b>2 Personal Care</b> (mark only one box) (e.g. washing, dressing, etc.)</p> <p><input type="checkbox"/> I can look after myself normally without it causing extra pain.</p> <p><input type="checkbox"/> I can look after myself normally, but it causes extra pain.</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> I need some help, but manage most of my personal care.</p> <p><input type="checkbox"/> I need help everyday in most aspects of self care.</p> <p><input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed.</p>	<p><b>7 Sleeping</b> (mark only one box)</p> <p><input type="checkbox"/> Pain does not prevent me from sleeping well.</p> <p><input type="checkbox"/> I can sleep well only by using medications.</p> <p><input type="checkbox"/> Even when I take medication, I have less than 6 hours sleep.</p> <p><input type="checkbox"/> Even when I take medication, I have less than 4 hours sleep.</p> <p><input type="checkbox"/> Even when I take medication, I have less than 2 hours sleep.</p> <p><input type="checkbox"/> Pain prevents me from sleeping at all.</p>
<p><b>3 Lifting</b> (mark only one box)</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights, but it gives extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positions. (e.g. on a table)</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. (e.g. on a table)</p> <p><input type="checkbox"/> I can lift only very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p><b>8 Sex Life (if applicable)</b> (mark only one box)</p> <p><input type="checkbox"/> My sex life is normal and causes no extra pain.</p> <p><input type="checkbox"/> My sex life is normal but causes some extra pain.</p> <p><input type="checkbox"/> My sex life is nearly normal but is very painful.</p> <p><input type="checkbox"/> My sex life is severely restricted by pain.</p> <p><input type="checkbox"/> My sex life is nearly absent because of pain.</p> <p><input type="checkbox"/> Pain prevents any sex life at all.</p>
<p><b>4 Walking</b> (mark only one box)</p> <p><input type="checkbox"/> Pain does not prevent me from walking any distance.</p> <p><input type="checkbox"/> Pain prevents me from walking more than 1 mile.</p> <p><input type="checkbox"/> Pain prevents me from walking more than 1/2 mile.</p> <p><input type="checkbox"/> Pain prevents me from walking more than 1/4 mile.</p> <p><input type="checkbox"/> I can only walk using a stick or crutches.</p> <p><input type="checkbox"/> I am in bed most of the time, and have to crawl to the toilet.</p>	<p><b>9 Social Life</b> (mark only one box)</p> <p><input type="checkbox"/> My social life is normal, and gives me no extra pain.</p> <p><input type="checkbox"/> My social life is normal, but increases the degree of pain.</p> <p><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my energetic interests. (e.g. sports etc.)</p> <p><input type="checkbox"/> Pain has restricted my social life, and I do not go out as often.</p> <p><input type="checkbox"/> Pain has restricted my social life to home.</p> <p><input type="checkbox"/> I have no social life because of pain.</p>
<p><b>5 Sitting</b> (mark only one box)</p> <p><input type="checkbox"/> I can sit in any chair as long as I like.</p> <p><input type="checkbox"/> I can only sit in my favorite chair as long as I like.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than one hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than thirty minutes.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than ten minutes.</p> <p><input type="checkbox"/> Pain prevents me from sitting at all.</p>	<p><b>10 Traveling</b> (mark only one box)</p> <p><input type="checkbox"/> I can travel anywhere without extra pain.</p> <p><input type="checkbox"/> I can travel anywhere, but it gives extra pain.</p> <p><input type="checkbox"/> Pain is bad, but I manage journeys over 2 hours.</p> <p><input type="checkbox"/> Pain restricts me to journeys less than 1 hour.</p> <p><input type="checkbox"/> Pain restricts me to short journeys under 30 minutes.</p> <p><input type="checkbox"/> Pain prevents me from traveling, except to receive treatment.</p>