



**INSTRUCTIONS:** We are carefully evaluating the condition of your back and it is **IMPORTANT THAT YOU ANSWER EACH OF THESE QUESTIONS YOURSELF.** Please **CIRCLE THE ONE BEST ANSWER TO EACH QUESTION**

**1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?**

- None
- Mild
- Moderate
- Moderate to severe
- Severe

**2. Which one of the following best describes the amount of pain you have experienced over the last month?**

- None
- Mild
- Moderate
- Moderate to severe
- Severe

**3. During the past 6 months have you been a very nervous person?**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**4. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?**

- Very happy
- Somewhat happy
- Neither happy nor unhappy
- Somewhat unhappy
- Very unhappy

**5. What is your current level of activity?**

- Bedridden
- Primarily no activity
- Light labour and light sports
- Moderate labour and moderate sports
- Full activities without restriction

**6. How do you look in clothes?**

- Very good
- Good
- Fair
- Bad
- Very bad

**7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?**

- Very often
- Often
- Sometimes
- Rarely
- Never

**8. Do you experience back pain when at rest?**

- Very often
- Often
- Sometimes
- Rarely
- Never

**9. What is your current level of work/school activity?**

- 100% normal
- 75% normal
- 50% normal
- 25% normal
- 0% normal

**10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities?**

- Very good
- Good
- Fair
- Poor
- Very Poor

**11. Which one of the following best describes your pain medication use for back pain?**

- None
- Non-narcotics weekly or less (e.g., aspirin, paracetamol, ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less (e.g. Co-codamol, tramadol, codeine)
- Narcotics daily

**12. Does your back limit your ability to do things around the house?**

- Never
- Rarely
- Sometimes
- Often
- Very Often

**13. Have you felt calm and peaceful during the past 6 months?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

**14. Do you feel that your back condition affects your personal relationships?**

- None
- Slightly
- Mildly
- Moderately
- Severely

**15. Are you and/or your family experiencing financial difficulties because of your back?**

- Severely
- Moderately
- Mildly
- Slightly
- None

**16. In the past 6 months have you felt down hearted and blue?**

- Never
- Rarely
- Sometimes
- Often
- Very often

**17. In the last 3 months have you taken any days off of work, including household work, or school because of back pain?**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 or more days

**18. Does your back condition limit your going out with friends/family?**

- Never
- Rarely
- Sometimes
- Often
- Very often

**19. Do you feel attractive with your current back condition?**

- Yes, very
- Yes, somewhat
- Neither attractive nor unattractive
- No, not very much
- No, not at all

**20. Have you been a happy person during the past 6 months?**

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

**21. Are you satisfied with the results of your back management?**

- Very satisfied
- Satisfied
- Neither satisfied nor unsatisfied
- Unsatisfied
- Very unsatisfied

**22. Would you have the same management again if you had the same condition?**

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

DATE \_\_\_\_\_

**Thank you for completing this questionnaire.**

**Please comment if you wish.**



Under each heading, please tick the ONE box that best describes your health TODAY

**MOBILITY**

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

**SELF-CARE**

- I have no problems washing or dressing
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

**USUAL ACTIVITIES** (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

**PAIN / DISCOMFORT**

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

**ANXIETY / DEPRESSION**

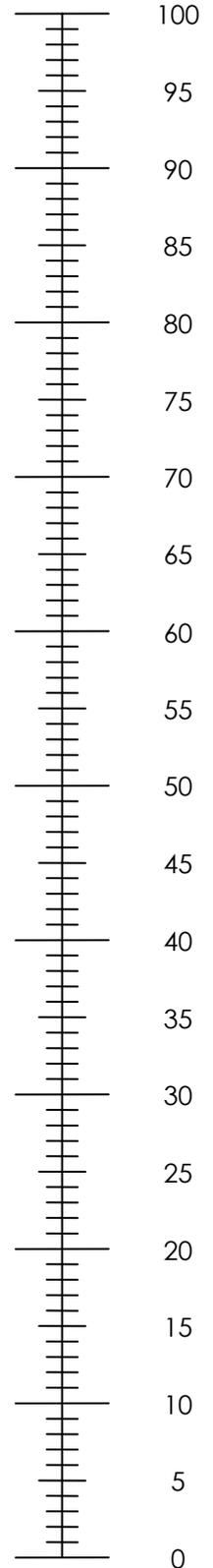
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would like to know how good or bad your health is **TODAY**. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is **TODAY**. Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =   
DATE \_\_\_\_\_

The best health you can imagine



The worst health you can imagine



Please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life. Please answer **every section**. Mark **one box only** in each section that most closely describes you **today**.

**Section 1 - Pain intensity**

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

**Section 2 - Personal care (washing, dressing ...)**

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed, wash 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 extra pain.
- Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. 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 walking any distance.
- Pain prevents me walking more than 1 mile.
- Pain prevents me walking more than half of a mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

**Section 5 - Sitting**

- I can sit in any chair as long as I like.
- I can sit in my favourite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than half an hour.
- Pain prevents me from sitting for more than 10 minutes.
- 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 half an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

**Section 7 - Sleeping**

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

**Section 8 - Sex life (if applicable)**

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

**Section 9 - Social life**

- My social life is normal and causes me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted social life to my home.
- I have no social life because of pain.

**Section 10 - Travelling**

- I can travel anywhere without pain.
- I can travel anywhere but it gives extra pain.
- Pain is bad but I manage journeys over two hours.
- Pain restricts me to journeys of less than one hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from travelling except to receive treatment.

Please see reverse

DATE \_\_\_\_\_ SCORE \_\_\_\_\_