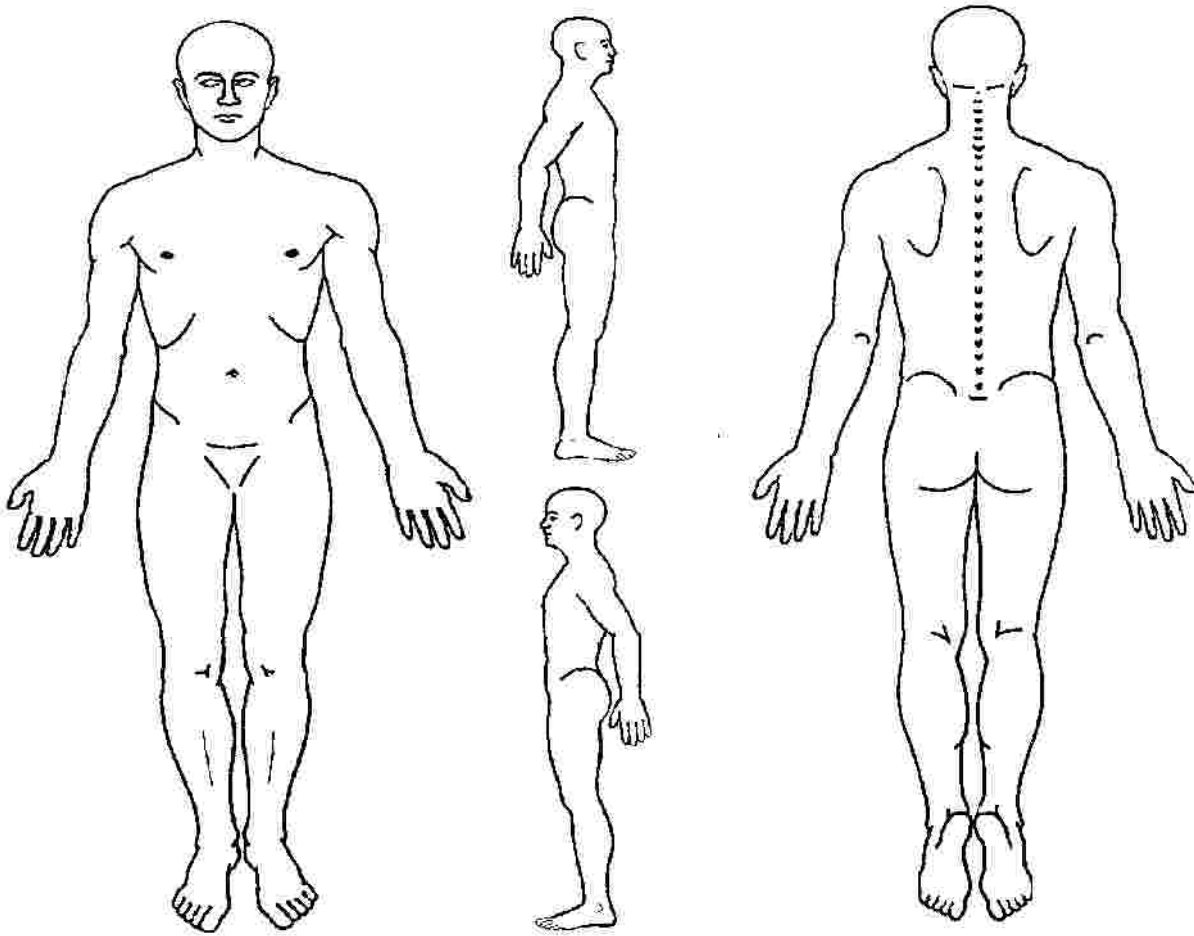


THE LOW BACK DISABILITY INDEX QUESTIONNAIRE

NAME _____ DATE _____

How long have you had **LOW BACK** pain _____ years _____ months _____ weeks

On the diagram below, please indicate where you are experiencing pain or other symptoms, right now. Please complete both sides of this form.



A = ACHE
P = PINS & NEEDLES

B = BURNING
S = STABBING

N = NUMBNESS
O = OTHER

Over ®

Please Read: This questionnaire is designed to enable us to 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 **just circle one choice which closely describes your problem *right now***.

SECTION 1—Pain Intensity

- a. I have no pain at the moment
- b. The pain is mild at the moment.
- c. The pain comes and goes and is moderate.
- d. The pain is moderate and does not vary much.
- e. The pain is severe but comes and goes.
- f. The pain is severe and does not vary much.

SECTION 2—Personal Care (Washing, Dressing, etc.)

- a. I can look after myself without causing extra pain.
- b. I can look after myself normally but it causes extra pain.
- c. It is painful to look after myself and I am slow and careful.
- d. I need some help, but manage most of my personal care.
- e. I need help every day in most aspects of self-care.
- f. I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3—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 but I can lift them if they are conveniently positioned, for example, on a table.
- d. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- e. I can lift very light weights.
- f. I cannot lift or carry anything at all.

SECTION 4 – Walking

- a. Pain does not prevent my walking any distance.
- b. Pain prevents my walking more than 1 mile.
- c. Pain prevents my walking more than ½ of a mile.
- d. Pain prevents my walking more than ¼ of a mile.
- e. I can only walk using a cane or crutches.
- f. I am in bed most of the time and have to crawl to the toilet.

SECTION 5 – Sitting

- a. I can sit in any chair as long as I like.
- 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 30 minutes.
- e. Pain prevents me from sitting more than 10 minutes.
- f. Pain prevents me from sitting at all.

SECTION 6 – Standing

- a. I can stand as long as I want without extra pain.
- b. I can stand as long as I want, but it gives me pain.
- c. Pain prevents me from standing for more than 1 hour.
- d. Pain prevents me from standing for more than 30 minutes.
- e. Pain prevents me from standing for more than 10 minutes.
- f. Pain prevents me from standing at all.

SECTION 7 – Sleeping

- a. Pain does not prevent me from sleeping at all.
- b. I can sleep well only by using pills.
- c. Even when I take pills, I have less than 6 hours of sleep.
- d. Even when I take pills, I have less than 4 hours of sleep.
- e. Even when I take pills, I have less than 2 hours of sleep.
- f. Pain prevents me from sleeping at all.

SECTION 8 – Sex Life

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

SECTION 9 – Social Life

- a. My social life is normal and gives me no extra pain.
- b. My social life is normal but increases the degree of pain.
- c. Pain has no significant affect on my social life, apart from limiting my more energetic interests, for example, dancing.
- d. Pain has restricted my social life and I do not go out as often.
- e. Pain has restricted my social life to my home.
- f. I have no social life because of pain.

SECTION 10 – Traveling

- a. I can travel anywhere without extra pain.
- b. I can travel anywhere but it gives me extra pain.
- c. Pain is bad, but I manage trips over 2 hours.
- d. Pain restricts me to trips of less than 1 hour.
- e. Pain restricts me to trips of less than 30 minutes.
- f. Pain prevents me from traveling except to the doctor or hospital.

Signature _____ Date _____

Disability index score: % _____