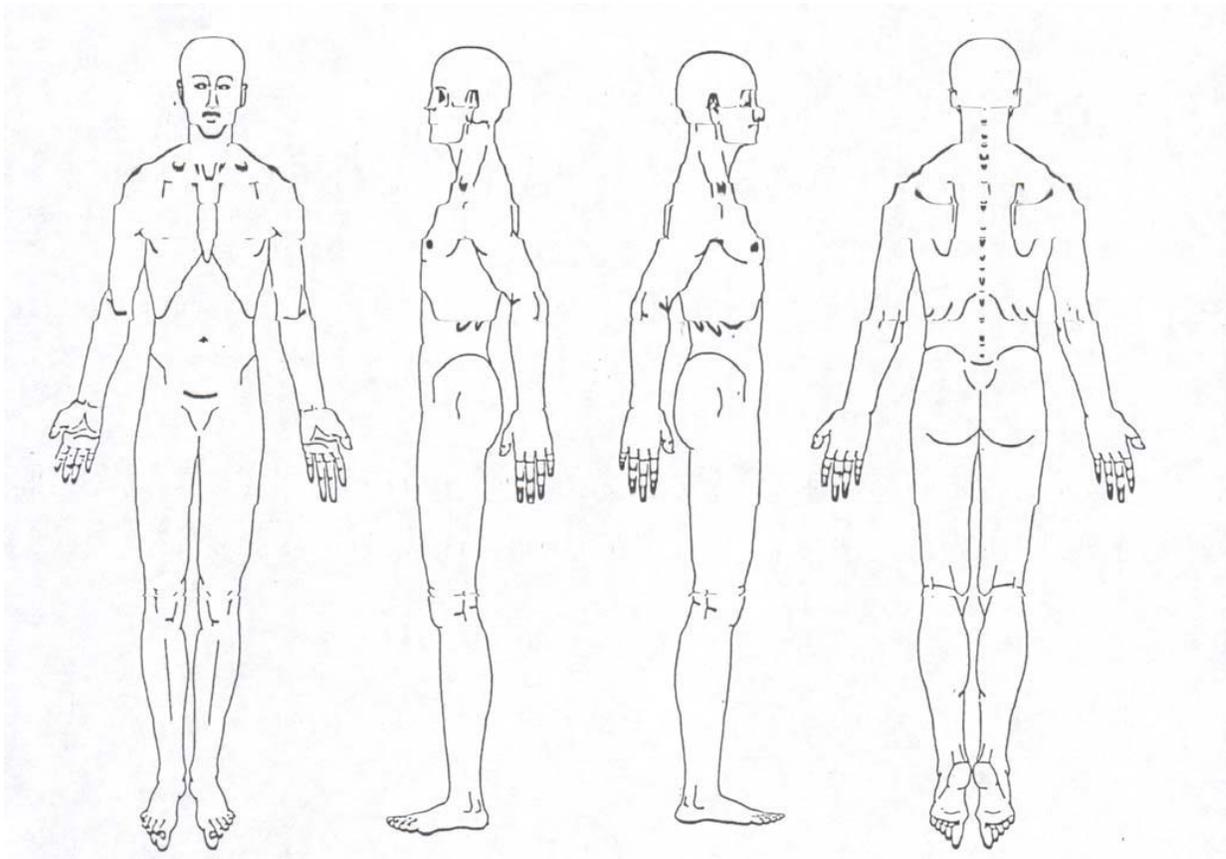


Low Back Pain Drawing

Patient Name _____ Date _____

Using the following descriptive symbols, draw the location of your pain on the body outlines below. In addition, mark the level of your pain on the pain scale at the bottom of the page.

Ache <<<	Burning △△△△	Numbness =====	Pins % Needles : : : : : : : : : : :	Stabbing /////	Other ooo
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Pain Severity Scale:

Rate the severity of your pain by circling one number on the following scale.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Excruciating Pain

Back Index

Patient Name _____ **Date** _____

This questionnaire will give the doctor information as to how your back condition affects your everyday life. Please answer every section and mark only the **one box** that applies to you. If two statements in one section relate to you, please **mark the box which most closely describes your problems**.

Section 1 – Pain Intensity

- Ⓐ The pain comes and goes and is very mild.
- Ⓛ The pain is mild and does not vary much.
- Ⓜ The pain comes and goes and is moderate.
- Ⓝ The pain is moderate and does not vary much pain.
- Ⓓ The pain comes and goes and is very severe.
- Ⓟ The pain is very severe and does not vary much.

Section 2 – Personal Care

- Ⓐ I do not have to change my way of washing or dressing in order to avoid pain.
- Ⓛ I do not normally change my way of washing or dressing even though it causes some pain.
- Ⓜ Washing and dressing increase the pain but I manage not to change my way of doing it.
- Ⓝ Washing and dressing increase 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 and dressing without help.

Section 3 – Lifting

- Ⓐ I can lift heavy weights without extra pain.
- Ⓛ I can lift heavy weights, but it caused extra pain.
- Ⓜ Pain prevents me from lifting heavy weights off the floor.
- Ⓝ Pain prevents me from lifting heavy weights of the floor, but I 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.

Section 4 – Walking

- Ⓐ I have no pain while walking.
- Ⓛ I have some pain while walking but it does not increase with distance.
- Ⓜ I cannot walk more than one mile without increasing pain.
- Ⓝ I cannot walk more than _ mile without increasing pain.
- Ⓓ I cannot walk more than _ mile without increasing pain.
- Ⓟ I cannot walk at all without increased pain.

Section 5 – Sitting

- Ⓐ I can sit in any chair as long as I like.
- Ⓛ I can only sit in my favorite chair as long as I like.
- Ⓜ Pain prevents me from sitting more than 1 hour.
- Ⓝ Pain prevents me from sitting more than _ hour.
- Ⓓ Pain prevents me from sitting more than 10 minutes.
- Ⓟ I avoid sitting because it increases pain immediately.

Section 6 – Standing

- Ⓐ I can stand as long as I want without pain.
- Ⓛ I have some pain while standing but it does not increase.
- Ⓜ I cannot stand for longer than 1 hour without increasing pain.
- Ⓝ I cannot stand for longer than _ hour without increased
- Ⓓ I cannot stand for longer than 10 minutes without increased pain.
- Ⓟ I avoid standing because it increases pain immediately.

Section 7 – Sleeping

- Ⓐ I get no pain in bed.
- Ⓛ I get pain in bed but it does not prevent me from sleeping well.
- Ⓜ Because of pain my normal night's sleep is reduced by less than 25 %.
- Ⓝ Because of pain my normal night's sleep is reduced by less than 50%.
- Ⓓ Because of pain my normal night's sleep is reduced by less than 75%.
- Ⓟ Pain prevents me from sleeping at all.

Section 8 – Social Life

- Ⓐ My social life is normal and gives me no extra pain.
- Ⓛ My social life is normal but increases the degree of pain.
- Ⓜ Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g. dancing, etc.).
- Ⓝ 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 worse.
- Ⓜ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- Ⓝ I get extra pain while traveling which causes me to seek alternate forms of travel.
- Ⓓ Pain restricts all forms of travel except that done lying down.
- Ⓟ Pain restricts all forms of travel.

Section 10 – Changing degree in pain

- Ⓐ My pain is rapidly getting better.
- Ⓛ My pain fluctuates but overall is definitely getting better.
- Ⓜ My pain seems to be getting better but improvement is slow at present.
- Ⓝ My pain is neither getting better or worse.
- Ⓓ My pain is gradually worsening.
- Ⓟ My pain is rapidly worsening.