

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## **LOW BACK DISABILITY QUESTIONNAIRE (REVISED)**

Please select ONE box in each category which MOST ACCURATELY describes your LOW BACK pain. If section does not apply to you, please leave blank.

### Section 1 – Pain Intensity

- The pain is mild and comes and goes
- The pain is mild and does not vary much
- The pain is moderate and comes and goes
- The pain is moderate and does not vary much
- The pain is severe and comes and goes
- The pain is severe and does not vary much

### Section 2 – Personal Care

- I do not have to change the way I wash and dress myself to avoid pain
- I do not normally change the way I wash or dress myself even though it causes some pain
- Washing and dressing increases my pain, but I can do it without changing the way of doing it
- Washing and dressing increases my pain, and I find it necessary to change the way I do it
- Because of my pain, I am partially unable to wash or dress without help
- Because of my pain, I am completely unable to wash or dress without help

### Section 3 – Lifting

- I can lift heavy weights without increased pain
- I can lift heavy weights but it causes increased pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed (ex. On a table, etc.)
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently placed
- I can lift only very light weights
- I cannot lift or carry anything at all

### Section 4 – Walking

- I have no pain when walking
- I have pain when walking, but I can still walk my required normal distances
- Pain prevents me from walking long distances
- Pain prevents me from walking intermediate distances
- Pain prevents me from walking even short distances
- Pain prevents me from walking at all

### Section 5 – Sitting

- Sitting does not cause me any pain
- I can only sit as long as I like providing that I have my choice of seating surfaces
- Pain prevents me from sitting for more than 1 hour
- Pain prevents me from sitting for more than 30 minutes
- 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 increased pain
- I can stand as long as I want but my pain increases with time
- Pain prevents me from standing more than 1 hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- I avoid standing because it increases my pain right away

Section 7 – Sleeping

- I have no pain when I am in bed
- I have pain in bed, but it does not prevent me from sleeping well
- Because of my pain, my sleep is only 75% of the normal amount
- Because of my pain, my sleep is only 50% of the normal amount
- Because of my pain, my sleep is only 25% of the normal amount
- Pain prevents me from sleeping at all

Section 8 – Social Life

- My social life is normal and does not increase my pain
- My social life is normal, but increases my level of pain
- Pain prevents me from participating in more energetic activities (ex. Sports, dancing, etc.)
- Pain prevents me from going out very often
- Pain has restricted my social life to my home
- I have hardly any social life because of my pain

Section 9 – Traveling

- I have no increased pain when traveling
- I have some pain while traveling, but none of my usual forms of travel make it any worse
- I have increased pain while traveling, but it does not cause me to see alternative forms of travel
- I have increased pain while traveling which causes me to see alternative forms of travel
- My pain restricts all forms of travel except that which is done while I am lying down
- My pain restricts all forms of travel

Section 10 – Employment/Homemaking

- My normal job/homemaking activities do not cause pain
- My normal job/homemaking activities increase my pain, but I can still perform all that is required of me
- I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities (i.e. lifting, vacuuming, etc.)
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing even light duties
- Pain prevents me from performing any job or homemaking chores

<b>TO BE CALCULATED BY COMPLETE HEALTH OF LAWRENCEVILLE</b>	
<p>SCORING: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered a significant activities of daily living disability.</p> <p>(Score _____ x 2) / ( _____ Sections X 10) = _____ %</p>	<p>ADDITIONAL COMMENTS:</p>

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