

Name:

Date of Birth:

Appointment Date:

BACK DISABILITY INDEX QUESTIONNAIRE

Complete the questionnaire below as to how your back pain has affected your ability to manage in everyday life. Please mark just ONE response in each section which most clearly describes your problem.

SURGERY: If you have had surgery, are you pleased with the results, and would you recommend the procedure to others? (if applicable) **Yes:** ____ **No:** ____

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 worse imaginable at the moment

SECTION 2: Personal Care (washing, dressing, etc)

- 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 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 can manage if conveniently positioned (ie-on table)
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- 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 ¼ mile
- Pain prevents me walking more than 100 yds
- I can only walk using crutches, cane, or walker
- 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 favorite chair as long as I like
- Pain prevents me from sitting for more than 1 hour
- Pain prevents me from sitting more than ½ 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 more than 1 hour
- Pain prevents me from standing for more than ½ hour
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

SECTION 7 SLEEPING

- The pain is very mild at the moment
- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain, I have less than 6 hrs sleep
- Because of pain, I have less than 4 hrs 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 pain
- My sex life is nearly normal but 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: cause 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 (ie, sports)
- 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 TRAVELING

- I can travel anywhere without pain
- I can travel anywhere but it gives extra pain
- Pain is bad but I manage trips of over 2 hrs
- Pain restricts me to short necessary trips under 30 minutes
- Pain prevents me from traveling except to receive treatments