



LUDWIG CHIROPRACTIC CENTER, PS

Low back pain questionnaire: This questionnaire is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life. 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 the one choice which closely describes your problem *right now*.

<p>Section 1: Pain Intensity</p> <p>A. The pain comes and goes and is very mild B. The pain is mild and does not vary much 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</p>	<p>Section 6: Standing</p> <p>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 extra pain C. Pain prevents me from standing more than one 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</p>
<p>Section 2: Personal Care (washing, dressing, etc.)</p> <p>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</p>	<p>Section 7: Sleeping</p> <p>A. I have no trouble sleeping B. My sleep is lightly disturbed (less than 1 hour sleepless) C. My sleep is mildly disturbed (1-2 hours sleepless) D. My sleep is moderately disturbed (2-3 hours sleepless) E. My sleep is greatly disturbed (3-5 hours sleepless) F. My sleep is completely disturbed (5-7 hours sleepless)</p>
<p>Section 3: Lifting</p> <p>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 from off the floor but I can if they are conveniently positioned (on table) D. Pain prevents me from lifting heavy weights, but I can manage light/medium weights if the are conveniently positioned E. I can lift very light weights F. I cannot lift or carry anything at all</p>	<p>Section 8: Sex Life</p> <p>A. My sex life is normal and causes no extra pain B. My sex life is normal but 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</p>
<p>Section 4: Walking</p> <p>A. Pain does not prevent me from walking any distance B. Pain prevents me from walking more than 1 mile C. Pain prevents me from walking more than .5 mile D. Pain prevents me from walking more than .25 mile E. I can only walk using a stick or crutches F. I am in bed most of the time and have to crawl to the toilet</p>	<p>Section 9: Social Life</p> <p>A. My social life is normal and gives no extra pain B. My social life is normal but increases the degree of pain C. Pain has no significant effect on my social life apart from limiting energetic interests such as dancing D. Pain has restricted my social life and I don't go out as often E. Pain has restricted my social life to my home F. I have no social life because of pain</p>
<p>Section 5: Sitting</p> <p>A. I can sit in any chair as long as I like B. I can only sit in my favorite chair as I like C. Pain prevent me from sitting more than 1 hour D. Pain prevents me from sitting more than .5 hour E. Pain prevents me from sitting more than 10 minutes F. Pain prevents me from sitting at all</p>	<p>Section 10: Travelling</p> <p>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 journeys over 2 hours D. Pain restricts me to journeys of less than 1 hour E. Pain restricts me to short necessary journeys under 30 minutes F. Pain prevents me from travelling except to the doctor or hospital</p>

Name _____ Date _____

Signature _____ Score _____