

Patient Name _____ Date _____ Score _____

Please read: Please complete this questionnaire. It is designed to give us information as to how your **back, hip and/or leg pain/discomfort** trouble has affected your ability to manage everyday life.

Please answer every question. Mark **only one answer** in each section that most closely describes you **today**.

<p>Section 1 - Pain Intensity A. I have no pain at the moment. B. The pain is mild at the moment. C. The pain is moderate at the moment. D. The pain is fairly severe at the moment. E. The pain is very severe at the moment. F. The pain is the worst imaginable at the moment.</p>	<p>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 extra pain. C. Pain prevents me from standing for more than 1 hour. D. Pain prevents me for standing more then 1/2 hour. E. Pain prevents me from standing for more than 10 minutes. F. Pain prevents me from standing without assistance.</p>
<p>Section 2 - Personal Care (washing, dressing, etc.) A. I can look after myself normally without causing increase in symptoms. B. I can look after myself normally but it is painful. C. It is painful to look after myself and I am slow and careful. D. I need someone to 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, wash with difficulty and stay in bed.</p>	<p>Section 7 - Sleeping A. My sleep is never disturbed by pain. B. My sleep is occasionally disturbed by pain. C. Because of pain I have less than 6 hours of sleep. D. Because of pain I have less than 4 hours of sleep. E. because of pain I have less than 2 hours of sleep. F. Pain prevents me from sleeping at all.</p>
<p>Section 3 - Lifting A. I can lift heavy objects weights without increase in symptoms. B. I can lift heavy weight, but it causes increase in symptoms. C. Unable to lift heavy weights off the floor, but I can manage if they are conveniently positioned (e.g on a table). D. Unable to lift heavy weights, but I can manage light to medium weights if they are conveniently positioned. E. I can only lift very light weights, at the most. F. I cannot lift or carry anything at all, symptoms unbearable.</p>	<p>Section 8 - Sex Life (if applicable) A. My sex life is normal and causes me no extra pain. B. My sex life is normal, but causes some extra pain. C. My sex life is nearly normal but is painful. D. My sex life is moderately 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 A. Symptoms do not prevent me from walking any distance. B. Symptoms prevent me from walking more than 1 mile C. Symptoms prevent me from walking more than 1/4 mile. D. Symptoms prevent me from walking more than 100 yards. E. I can only walk while using a stick or crutches. F. I am in bed most of the time and have to crawl to the toilet, symptoms unbearable.</p>	<p>Section 9 - Social Life My social life is normal and causes me no increase of symptoms. My social life is normal, but symptoms increase. Symptoms have no significant effect on my social life apart from limiting my more energetic interests (e.g. sports, etc.) Symptoms have restricted my social life and I do not go out as often. Symptoms have restricted my social life to home. I have no social life because of unbearable increase of symptoms.</p>
<p>Section 5 - Sitting A. I can sit in any chair as long as I like. B. I can sit only in my favorite chair as long as I like. C. Symptoms prevent me from sitting more than 1 hour. D. Symptoms prevent me from sitting more than 1/2 hour. E. Symptoms prevent me from sitting more than 10 minutes. F. Symptoms prevent me from sitting at all, unbearable.</p>	<p>Section 10 - Traveling A. I can travel anywhere without pain. B. I can travel anywhere but I have extra pain. C. Symptoms are bad, but I manage journeys over 2 hours. D. Symptoms restricts me to journeys under 2 hours. E. Symptoms restricts me to short necessary journeys under 30 minutes. F. Symptoms prevents me from traveling except to receive treatment.</p>

Comments: _____