

## FYZICAL of Jacksonville – Back Pain Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

*This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by circling the **one statement** that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.*

<p><b>Pain Intensity</b></p> <ol style="list-style-type: none"> <li>0. The pain comes and goes and is very mild.</li> <li>1. The pain is mild and does not vary much.</li> <li>2. The pain comes and goes and is moderate.</li> <li>3. The pain is moderate and does not vary much.</li> <li>4. The pain comes and goes and is very severe.</li> <li>5. The pain is very severe and does not vary much.</li> </ol>	<p><b>Personal Care</b></p> <ol style="list-style-type: none"> <li>0. I do not have to change my way of washing or dressing in order to avoid pain.</li> <li>1. I do not normally change my way of washing or dressing even though it causes some pain.</li> <li>2. Washing and dressing increases pain but I manage not to change my way of doing it.</li> <li>3. Washing and dressing increases pain and I find it necessary to change my way of doing it.</li> <li>4. Because of the pain I am unable to do some washing and dressing without help.</li> <li>5. Because of the pain I am unable to do any washing and dressing without help.</li> </ol>
<p><b>Sleeping</b></p> <ol style="list-style-type: none"> <li>0. I get no pain in bed.</li> <li>1. I get pain in bed but it does not prevent me from sleeping well.</li> <li>2. Because of pain my normal sleep is reduced by less than 25%.</li> <li>3. Because of pain my normal sleep is reduced by less than 50%.</li> <li>4. Because of pain my normal sleep is reduced by less than 75%.</li> <li>5. Pain prevents me from sleeping at all.</li> </ol>	<p><b>Lifting</b></p> <ol style="list-style-type: none"> <li>0. I can lift heavy weights without extra pain.</li> <li>1. I can lift heavy weights but it causes extra pain.</li> <li>2. Pain prevents me from lifting heavy weights off the floor.</li> <li>3. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).</li> <li>4. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.</li> <li>5. I can only lift very light weights.</li> </ol>
<p><b>Sitting</b></p> <ol style="list-style-type: none"> <li>0. I can sit in any chair as long as I like.</li> <li>1. I can only sit in my favorite chair as long as I like.</li> <li>2. Pain prevents me from sitting more than 1 hour.</li> <li>3. Pain prevents me from sitting more than 1/2 hour.</li> <li>4. Pain prevents me from sitting more than 10 minutes.</li> <li>5. I avoid sitting because it increases pain immediately.</li> </ol>	<p><b>Traveling</b></p> <ol style="list-style-type: none"> <li>0. I get no pain while traveling.</li> <li>1. I get some pain while traveling but none of my usual forms of travel make it worse.</li> <li>2. I get extra pain while traveling but it does not cause me to seek alternate forms of travel.</li> <li>3. I get extra pain while traveling which causes me to seek alternate forms of travel.</li> <li>4. Pain restricts all forms of travel except that done while lying down.</li> <li>5. Pain restricts all forms of travel.</li> </ol>
<p><b>Standing</b></p> <ol style="list-style-type: none"> <li>0. I can stand as long as I want without pain.</li> <li>1. I have some pain while standing but it does not increase with time.</li> <li>2. I cannot stand for longer than 1 hour without increasing pain.</li> <li>3. I cannot stand for longer than 1/2 hour without increasing pain.</li> <li>4. I cannot stand for longer than 10 minutes without increasing pain.</li> <li>5. I avoid standing because it increases pain immediately.</li> </ol>	<p><b>Social Life</b></p> <ol style="list-style-type: none"> <li>0. My social life is normal and gives me no extra pain.</li> <li>1. My social life is normal but increases the degree of pain.</li> <li>2. Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).</li> <li>3. Pain has restricted my social life and I do not go out very often.</li> <li>4. Pain has restricted my social life to my home.</li> <li>5. I have hardly any social life because of the pain.</li> </ol>
<p><b>Walking</b></p> <ol style="list-style-type: none"> <li>0. I have no pain while walking.</li> <li>1. I have some pain while walking but it doesn't increase with distance.</li> <li>2. I cannot walk more than 1 mile without increasing pain.</li> <li>3. I cannot walk more than 1/2 mile without increasing pain.</li> <li>4. I cannot walk more than 1/4 mile without increasing pain.</li> <li>5. I cannot walk at all without increasing pain.</li> </ol>	<p><b>Changing degree of pain</b></p> <ol style="list-style-type: none"> <li>0. My pain is rapidly getting better.</li> <li>1. My pain fluctuates but overall is definitely getting better.</li> <li>2. My pain seems to be getting better but improvement is slow.</li> <li>3. My pain is neither getting better or worse.</li> <li>4. My pain is gradually worsening.</li> <li>5. My pain is rapidly worsening.</li> </ol>

Patient Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_