

# Low Back Disability Questionnaire

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

Date: \_\_\_\_\_

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

## Pain Intensity

- ① I can tolerate the pain without having to use painkillers
- ② The pain is bad but I can manage without taking painkillers
- ③ Painkillers give complete relief from pain
- ④ Painkillers give moderate relief from pain
- ⑤ Painkillers give very little relief from pain
- ⑥ Painkillers have no effect on the pain and I do not use them.

## Personal Care

- ① I can look after myself normally without causing extra pain
- ② I can look after myself normally but it causes extra pain
- ③ It is painful to look after myself and I am slow and careful
- ④ I need some help but manage most of my personal care
- ⑤ I need help every day in most aspects of care
- ⑥ I do not get dressed, I was with difficulty and stay in bed

## Lifting

- ① I can lift heavy weights without extra pain
- ② I can lift heavy weights but it gives me extra pain
- ③ Pain prevents me from lifting heavy weights off the floor but I can manage if they are in convenient places.
- ④ Pain prevents me from lifting heavy weights, but I can manage medium weights if they are conveniently placed
- ⑤ I can only lift very light weights
- ⑥ I cannot lift or carry anything at all

## Walking

- ① Pain does not prevent me from walking any distance
- ② Pain prevents me from walking more than one mile
- ③ Pain prevents me from walking more than one-half mile
- ④ Pain prevents me from walking more than one-quarter mile
- ⑤ I can only walk using a stick or crutches
- ⑥ I am in bed most of the time and have to crawl to get to the toilet

## Sitting

- ① I can sit in any chair as long as I like
- ② I can only sit in my favorite chair as long as I like
- ③ Pain prevents me from sitting more than 1 hour
- ④ Pain prevents me from sitting more than ½ hour
- ⑤ Pain prevents me from sitting more than 10 minutes
- ⑥ Pain prevents me from sitting almost all the time

## Standing

- ① I can stand as long as I want without extra pain
- ② I can stand as long as I want but it gives extra pain
- ③ Pain prevents me from standing more than 1 hour
- ④ Pain prevents me from standing more than 30 minutes
- ⑤ Pain prevents me from standing more than 10 minutes
- ⑥ Pain prevents me from standing at all

## Sleeping

- ① Pain does not prevent me from sleeping well
- ② I can sleep well only by using tablets
- ③ Even when I take tablets I have less than 6 hours of sleep
- ④ Even when I take tablets I have less than 4 hours of sleep
- ⑤ Even when I take tablets I have less than 2 hours of sleep
- ⑥ Pain prevents me from sleeping at all

## Social Life

- ① My social life is normal and gives me no extra pain
- ② My social life is normal but increases the degree of pain
- ③ Pain has no significant effect on my social life apart from limiting my more energetic interests
- ④ Pain has restricted my social life and I do not go out as often
- ⑤ Pain has restricted my social life to my home
- ⑥ I hardly have any social life because of pain

## Traveling

- ① I can travel anywhere without extra pain
- ② I can travel anywhere but it gives me extra pain
- ③ Pain is bad but I manage journeys over 2 hours
- ④ Pain is bad but I manage journeys less than 1 hour
- ⑤ Pain restricts me to short necessary journeys under 30 minutes
- ⑥ Pain prevents me from traveling except to the doctor or hospital

## Changing Degree of Pain

- ① My pain is rapidly getting better
- ② My pain fluctuates but is definitely getting better
- ③ My pain seems to be getting better but improvement is slow
- ④ My pain is neither getting better nor worse
- ⑤ My pain is gradually worsening
- ⑥ My pain is rapidly worsening