## DATE:

## **CLINICAL BACK PAIN QUESTIONNAIRE**

## In the boxes below, select the appropriate statements.

In the boxes below, select t			ι			
Question						
1. In the last two weeks, for	None at	Between 1	Between 1	For more than		
how many days did you suffer	all.	and 5 days.	and 10 days.	10 days.		
pain in the back or leg(s)?						
2. On the worst day during the	None at	Less than 4	Between 4 &	Between 9 &	More than 12.	
last two weeks, how many pain	all.	tablets.	8 tablets.	12 tablets.		
killing tablets did you take?						
3. Is the pain made worse by	Coughing	Sneezing	Sitting	Standing	Bending	Walking
any of the following? (Select			5 5 5			
all that apply)						
4. Do any of the following	Lying	Sitting down	Standing	Walking		
movements ease the pain	down		0.001.001.0			
(Select all that apply)						
5. In your right leg, do you	Pain in	Pain in the	Pain in the	Pain in the		
have any pain in the following	the	thigh	shin/calf	foot/ankle		
areas? (Select all that apply)	buttock	tingn	Simy can			
6. In your left leg, do you have	Pain in	Pain in the	Pain in the	Pain in the		
any pain in the following	the	thigh	shin/calf	foot/ankle		
areas? (Select all that apply)	buttock	ungn	Shiny Call	TOOL/ATIKIE		
		No. instance	Vaa katk			
7. Do you have any loss of	No.	Yes, just one	Yes, both			
feeling in your legs?		leg.	legs.			
8. In your right leg, do you	The hip	The knee	The ankle	The foot		
have any weakness or loss of						
power in the following areas?						
(Select all that apply)						
9. In your left leg, do you have	The hip	The knee	The ankle	The foot		
any weakness or loss of power						
in the following areas? (Select						
all that apply)						
10. If you were to try and bend	I could	I could touch	I could touch	I couldn't bend		
forwards without bending your	touch the	my ankles	my thighs	forward at all		
knees, how far down do you	floor	with the tips	with the tips			
think you could bend before		of my fingers	of my fingers.			
the pain stopped you?						
11. On the worst night during	Not	I didn't lose	It prevented	I only had 2-4	I had less than	
the last two weeks, how badly	affected	any sleep but	me from	hours of sleep.	2 hours of	
was your sleep affected by	at all.	needed	sleeping but I		sleep.	
pain?		tablets	slept more			
			than 4 hours.			
12. On the worst day during	I was able	I could only	Pain	Pain prevented	Pain	Pain
the last two weeks, did the	to sit in	sit in my	prevented me	me from sitting	prevented me	prevented
pain interfere with your ability	any chair	favorite chair	from sitting	more than 30	from sitting	me from
to sit down?	as long as	as long as I	more than 1	minutes.	more than 15	sitting at
-	I liked.	liked.	hours.		minutes	all.
13. On the worst day during	I could	I could stand	Pain	Pain prevented	Pain	Pain
the last two weeks, did the	stand as	as long as I	prevented me	me from	prevented me	prevented
pain interfere with your ability	long as I	wanted but it	from standing	standing more	from standing	me from
to stand?	wanted	gave me extra	more than 1	than 30	more than 15	standing at
	without	pain	hour.	minutes	minutes.	all.
	extra pain	Pairi	nour.			

14. On the worst day during the last two weeks, did the pain interfere with your ability to walk?	Pain did not prevent me walking any distance	Pain prevented me from walking more than 1 mile.	Pain prevented me walking more than ½ mile.	Pain prevented me walking more than ¼ mile.	I can walk but less than ¼ mile.	l was unable to walk at all.
15. In the last two weeks, did the pain prevent you from carrying out your work/housework and other daily activities?	No, not at all.	l could continue with my work, but my work suffered.	Yes, for one day.	Yes, for 2-6 days.	Yes, for more than 7 days.	
16. In the last two weeks, for how many days have you had to stay in bed because of pain?	Not at all.	Between 1 and 5 days	Between 6 and 10 days	For more than 10 days.		
17. In the last two weeks, has your sex life been affected by your pain?	Not affected by the pain.	Mildly affected by the pain.	Moderately affected by the pain.	Pain prevents any sex life at all.	Does not apply.	
<ul> <li>18. In the last two weeks, have your leisure activities been affected by your pain?</li> <li>(including sports, hobbies, and social life)</li> </ul>	Not affected by the pain.	Mildly affected by the pain	Moderately affected by the pain	Severely affected by the pain.	Pain prevents any social life at all.	
19. In the last 2 weeks, has the pain interfered with your ability to look after yourself, eg. washing, dressing, etc?	Not at all.	Because of the pain, I needed some help looking after myself	Because of the pain, I needed a lot of help looking after myself.	Because of the pain, I could not look after myself at all.		