

Langel Chiropractic Clinic, P.C.

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BACK PAIN QUESTIONNAIRE

Patient Name: _____

Date: _____

Patient Signature: _____

This questionnaire is designed to enable us to understand how much your low back pain had affected your ability to manage your everyday activities. Please answer each section by checking the ONE CHOICE that most applies to you. Please select the one choice which most closely describes your problem right now.

<p>Pain Intensity</p> <p><input type="checkbox"/> I can tolerate the pain I have without having to use pain killers.</p> <p><input type="checkbox"/> The pain is bad but I manage without taking pain killers.</p> <p><input type="checkbox"/> Pain killers give complete relief from pain.</p> <p><input type="checkbox"/> Pain killers give moderate relief from pain.</p> <p><input type="checkbox"/> Pain killers give very little relief from pain.</p> <p><input type="checkbox"/> Pain killers have no effect on the pain and I do not use them.</p>	<p>Standing</p> <p><input type="checkbox"/> I can stand as long as I want without extra pain.</p> <p><input type="checkbox"/> I can stand as long as I want but it gives me extra pain.</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 1 hour.</p> <p><input type="checkbox"/> Pain prevents me from standing more than 30 minutes.</p> <p><input type="checkbox"/> Pain prevents me from standing more than 10 minutes.</p> <p><input type="checkbox"/> Pain prevents me from standing at all.</p>
<p>Personal Care (Washing, Dressing, etc.)</p> <p><input type="checkbox"/> I can look after myself normally without causing extra pain.</p> <p><input type="checkbox"/> I can look after myself normally, but it causes extra pain.</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful.</p> <p><input type="checkbox"/> I need some help, but manage most of my personal care.</p> <p><input type="checkbox"/> I need help every day in most aspects of self care.</p> <p><input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed.</p>	<p>Sleeping</p> <p><input type="checkbox"/> Pain does not prevent me from sleeping well.</p> <p><input type="checkbox"/> I can sleep well only by using tablets.</p> <p><input type="checkbox"/> Even when I take tablets I have less than 6 hours sleep.</p> <p><input type="checkbox"/> Even when I take tablets I have less than 4 hours sleep.</p> <p><input type="checkbox"/> Even when I take tablets I have less than 2 hours sleep.</p> <p><input type="checkbox"/> Pain prevents me from sleeping at all.</p>
<p>Lifting</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain.</p> <p><input type="checkbox"/> I can lift heavy weights, but it gives extra pain.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.</p> <p><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="checkbox"/> I can lift very light weights.</p> <p><input type="checkbox"/> I cannot lift or carry anything at all.</p>	<p>Sex Life</p> <p><input type="checkbox"/> My sex life is normal and causes no extra pain.</p> <p><input type="checkbox"/> My sex life is normal but causes some extra pain.</p> <p><input type="checkbox"/> My sex life is nearly normal but is very painful.</p> <p><input type="checkbox"/> My sex life is severely restricted by pain.</p> <p><input type="checkbox"/> My sex life is nearly absent because of pain.</p> <p><input type="checkbox"/> Pain prevents any sex life at all.</p>
<p>Walking</p> <p><input type="checkbox"/> Pain does not prevent me from walking any distance.</p> <p><input type="checkbox"/> Pain prevents me from walking more than one mile.</p> <p><input type="checkbox"/> Pain prevents me from walking more than ½ mile.</p> <p><input type="checkbox"/> Pain prevents me from walking more than ¼ mile.</p> <p><input type="checkbox"/> I can only walk while using a cane or on crutches</p> <p><input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet.</p>	<p>Social Life</p> <p><input type="checkbox"/> My social life is normal and gives me no pain.</p> <p><input type="checkbox"/> My social life is normal, but increases the degree of my pain.</p> <p><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests such as dancing.</p> <p><input type="checkbox"/> Pain has restricted my social life and I do not go out very often.</p> <p><input type="checkbox"/> Pain has restricted my social life to my home.</p> <p><input type="checkbox"/> I have no social life because of the pain.</p>
<p>Sitting</p> <p><input type="checkbox"/> I can sit in any chair as long as I like without pain.</p> <p><input type="checkbox"/> I can only sit in my favorite chair as long as I like.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than one hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than ½ hour.</p> <p><input type="checkbox"/> Pain prevents me from sitting more than ten minutes.</p> <p><input type="checkbox"/> Pain prevents me from sitting at all.</p>	<p>Traveling</p> <p><input type="checkbox"/> I can travel anywhere without extra pain.</p> <p><input type="checkbox"/> I can travel anywhere but it gives me extra pain.</p> <p><input type="checkbox"/> Pain is bad, but I manage journeys over 2 hours.</p> <p><input type="checkbox"/> Pain restricts me to journeys of less than 1 hour.</p> <p><input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes.</p> <p><input type="checkbox"/> Pain prevents me from traveling except to the doctor or hospital.</p>