

Lumbar Spine Questionnaire

For PN/RE/Discharge

PAIN SCALE

If you have pain, what is your pain level?

0 = No Pain; 10 = Extreme Pain

CURRENT Pain Level:

0 1 2 3 4 5 6 7 8 9 10

Pain level at BEST:

0 1 2 3 4 5 6 7 8 9 10

Pain level at WORST:

0 1 2 3 4 5 6 7 8 9 10

FOTO

IF YOU HAVE MEDICARE, PLEASE ANSWER THESE 10 QUESTIONS. IF YOU DO NOT HAVE MEDICARE, PLEASE GO TO THE NEXT PAGE.

We are interested in how you feel about how well you are able to do your usual activities. This information will help us take better care of you. Please circle the number based on the problem for which you are receiving treatment. If you do not do or have not done this activity, please make your best guess as to which response is most accurate.

	Unable	Extreme difficulty	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty	
1. Any of your usual work, housework, or school activities	1	2	3	4	5	6	
2. Your usual hobbies, recreational, or sporting activities	1	2	3	4	5	6	
3. Performing heavy activities around your home	1	2	3	4	5	6	
4. Bending or stooping	1	2	3	4	5	6	
5. Lifting a box of groceries from the floor	1	2	3	4	5	6	
							Total

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
6. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3	
7. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3	
8. Lifting or carrying groceries	1	2	3	
9. Attending social or cultural events	1	2	3	
10. Getting in and out of your chair	1	2	3	
				Total

ALL PATIENTS PLEASE ANSWER THESE QUESTIONS

Please answer every section and mark each section only **ONE** box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but please mark the box which **MOST CLOSELY** describes your problem.

Section 1 - Pain Intensity

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

Section 2 - Personal Care (Washing, Dressing, etc.)

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

Section 3 - Lifting

- (0) I can lift heavy weights without extra pain.
- (1) I can lift heavy weights but it gives extra pain.
- (2) Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- (3) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- (4) I can lift very light weights.
- (5) I cannot lift or carry anything at all.

Section 4 - Walking

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

Section 5 - Sitting

- (0) I can sit in any chair as long as I like.
- (1) I can only sit in my favorite chair as long as I like.
- (2) Pain prevents me from sitting more than 1 hour.
- (3) Pain prevents me from sitting more than 30 minutes.
- (4) Pain prevents me from sitting more than 10 minutes.
- (5) Pain prevents me from sitting almost all the time.

Section 6 - Standing

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

Section 7 - Sleeping

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

Section 8 - Social Life

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

Section 9 - Traveling

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

Section 10 - Changing Degree of Pain

- (0) My pain is rapidly getting better.
- (1) My pain fluctuates but overall is definitely getting better.
- (2) My pain seems to be getting better but improvement is slow at the present.
- (3) My pain is neither getting better nor worse.
- (4) My pain is gradually worsening.
- (5) My pain is rapidly worsening.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered significant ADL disability. (Score x 2) / (Sections x 10) = % ADL

Comments: _____