This 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 statements in one section apply, please mark the one statement that most closely describes your problem.

### Pain Intensity
- The pain comes and goes and is very mild.
- The pain comes and goes and is moderate.
- The pain comes and goes and is very severe.
- The pain is mild and does not vary much.
- The pain is moderate and does not vary much.
- The pain is very severe and does not vary much.

### Personal Care
- I do not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain but I manage not to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- Because of the pain I am unable to do any washing and dressing without help.

### Sleeping
- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal sleep is reduced by less than 25%.
- Because of pain my normal sleep is reduced by less than 50%.
- Because of pain my normal sleep is reduced by less than 75%.

### Sitting
- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain immediately.

### Lifting
- I can lift heavy weights without extra pain.
- I can lift heavy weights but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- I can only lift very light weights.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.

### Traveling
- I get no pain while traveling.
- I get some pain while traveling but none of my usual forms of travel make it worse.
- I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- I get extra pain while traveling which causes me to seek alternate forms of travel.
- Pain restricts all forms of travel except that done while lying down.
- Pain restricts all forms of travel.

### Social Life
- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

### Changing degree of pain
- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

**Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100**
Here are some of the things other patients have told us about their pain. For each statement please circle the number from 0 to 6 to indicate how much physical activities such as bending, lifting, walking or driving affect or would affect your back pain.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely Disagree</th>
<th>Unsure</th>
<th>Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My pain was caused by physical activity.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Physical activity makes my pain worse.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Physical activity might harm my back.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I should not do physical activities which (might) make my pain worse.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I cannot do physical activities which (might) make my pain worse.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following statements are about how your normal work affects or would affect your back pain.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Completely Disagree</th>
<th>Unsure</th>
<th>Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. My pain was caused by my work or by an accident at work.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. My work aggravated my pain.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I have a claim for compensation for my pain.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
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<tr>
<td>9. My work is too heavy for me.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. My work makes or would make my pain worse.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. My work might harm by back.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I should not do my regular work with my present pain.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I cannot do my normal work with my present pain.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I cannot do my normal work until my pain is treated.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I do not think that I will be back to my normal work within 3 months.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I do not think that I will ever be able to go back to that work.</td>
<td>0 1 2 3 4 5 6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>