

BACK INDEX

Lipkin Chiropractic Clinic
Oaklake Medical Centre
2595 Tampa Rd. Suite P
Palm Harbor, FL 34684

Patient Name: _____ Date: _____

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

- ① The pain comes & goes & is very mild.
- ② The pain is mild & does not vary much.
- ③ The pain comes & goes & is moderate.
- ④ The pain is moderate & does not vary much.
- ⑤ The pain comes & goes & is very severe.
- ⑥ The pain is very severe & does not vary much.

Lifting

- ① I can lift heavy weights without extra pain.
- ② I can lift heavy weights, but it causes pain.
- ③ Pain prevents me from lifting heavy weights off the floor.
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ⑤ Pain prevents me from lifting heavy weights, but I can manage.
- ⑥ I can only lift very light weights, at the most.

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 at all.

Standing

- ① I can stand as long as I want without pain.
- ② I have some pain while standing but it does not increase with time.
- ③ I cannot stand for longer than 1 hour without increasing pain.
- ④ I cannot stand for longer than ½ hour without increasing pain.
- ⑤ I cannot stand for longer than 10 minutes without increasing pain.
- ⑥ Pain prevents me from standing at all.

Traveling

- ① I get no pain while traveling.
- ② I get some pain while traveling but none of my usual forms of travel make it worse.
- ③ I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ④ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ⑤ Pain restricts all forms of travel.
- ⑥ Pain restricts all forms of travel except that's done lying down.

Personal Care

- ① I do not have to change my way of washing or dressing to avoid pain.
- ② I do not normally change my way of washing or dressing even though it causes some pain.
- ③ Washing & dressing increases the pain but I manage not to change my way of doing it.
- ④ Washing & dressing increases the pain & I find it necessary to change my way of doing it.
- ⑤ Because of the pain I am unable to do some washing & dressing without help.
- ⑥ Because of the pain I am unable to do any washing & dressing without help.

Walking

- ① Pain does not prevent me from walking any distance.
- ② Pain prevents me from walking more than 1 mile.
- ③ Pain prevents me from walking more than ½ mile.
- ④ Pain prevents me from walking more than ¼ mile.
- ⑤ I can only walk using a stick or crutches.
- ⑥ I am in bed most of the time & must crawl to the toilet.

Sleeping

- ① I get no pain in bed.
- ② I get pain in bed, but it does not prevent me from sleeping well.
- ③ Due to pain, my normal sleep is reduced by less than 25%
- ④ Due to pain, my normal sleep is reduced by less than 50%
- ⑤ Due to pain, my normal sleep is reduced by less than 75%
- ⑥ Pain prevents me from sleeping at all.

Social Life

- ① My social life is normal & gives me no 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 (e.g., dancing, etc.)
- ④ Pain has restricted my social life & I do not go out very often.
- ⑤ Pain has restricted my social life to my home.
- ⑥ I have hardly any social life because of the pain.

Changing degree of pain

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

PLACE a SLASH mark on LINE below for INTENSITY of PAIN

No Back Pain

Very Severe Pain

Back Pain Intensity

Back
Index
Score
VAS=