LOW BACK DISABILITY QUESTIONNAIRE

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Name: Date:		
 Section 1: Pain Intensity 0 The pain comes and goes and is very mild. 1 The pain is mild and does not vary much. 2 The pain comes and goes and is moderate. 3 The pain is moderate and does not vary much. 4 The pain comes and goes and is very severe. 5 The pain is severe and does not vary much. 	 Section 6: Standing 0 I can stand as long as I want without extra pain. 1 I have some pain on standing, but it does not increase with time. 2 I cannot stand for longer than one hour without increasing pain. 3 I cannot stand for longer than ½ hour without increasing pain. 4 I cannot stand for longer than 10 minutes without increasing pain. 5 I avoid standing because it increases the pain right away. 	
 Section 2: Personal Care 0 I do not have to change my way of washing or dressing in order to avoid pain. 1 I do not normally change my way of washing or dressing even though it causes some pain. 2 Washing and dressing increases the pain, but I manage not to change my way of doing it. 3 Washing and dressing increases the pain and I find it necessary to change my way of doing it. 4 Because of the pain, I am unable to do some washing and dressing without help. 5 Because of the pain, I am unable to do any washing and dressing without help. 	 Section 7: Sleeping 0 I get no pain in bed 1 I get pain in bed, but it does not prevent me from sleeping well. 2 Because of pain, my normal night's sleep is reduced by less than ¼. 3 Because of pain, my normal night's sleep is reduced by less than ½. 4 Because of pain, my normal night's sleep is reduced by less than ¾. 5 Pain prevents me from sleeping at all. 	
 Section 3: Lifting 0 I can lift heavy weights without extra pain. 1 I can lift heavy weights but it gives me extra pain. 2 Pain prevents me from lifting heavy weights off the floor but I can if they are in convenient places. 3 Pain prevents me from lifting heavy weights off the floor. 4 Pain prevents me from lifting heavy weights, but I can manage medium weights conveniently positioned. 5 I can only lift very light weights at the most. 	 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. 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 hardly any social life because of pain. 	
 Section 4: Walking 0 I have no pain walking. 1 I have some pain on walking, but it does not increase with distance. 2 I cannot walk more than one mile without increasing pain. 3 I cannot walk more than ½ mile without increasing pain. 4 I cannot walk more than ¼ mile without increasing pain. 5 I cannot walk at all without increasing pain. 	 Section 9: Traveling 0 I get no pain while traveling. 1 I get some pain while traveling, but none of my usual forms of travel makes it any worse. 2 I get extra pain while traveling, but it does not compel me to seek alternative forms of travel. 3 I get extra pain while traveling, which compels me to seek alternative forms of travel. 4 Pain restricts all forms of travel. 5 Pain prevents all forms of travel except that done by lying down. 	
 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 sitting more than 1 hour. 3 Pain prevents me sitting more than ½ hour. 4 Pain prevents me sitting more than 10 minutes. 5 I avoid sitting because it increases my pain right away. 	 Section 10: Changing Degree of Pain 0 My pain is rapidly getting better. 1 My pain fluctuates, but is definitely getting better. 2 My pain seems to be getting better, but improvement is slow at present. 3 My pain is neither getting better nor worse. 4 My pain is gradually worsening. 5 My pain is rapidly worsening. 	

NECK DISABILITY QUESTIONNAIRE

 Section 1: Pain Intensity 0 I have no pain at the moment. 1 The pain is very mild at the moment. 2 The pain is moderate at the moment. 3 The pain is fairly severe at the moment. 4 The pain is very severe at the moment. 5 The pain is the worst imaginable at the moment. 	 Section 6: Concentration 0 I can concentrate fully when I want to with no difficulty. 1 I can concentrate fully when I want to with slight difficulty. 2 I have fair degree of difficulty in concentrating when I want. 3 I have a lot of difficulty in concentrating when I want to. 4 I have a great deal of difficulty in concentrating when I want to. 5 I cannot concentrate at all.
 Section 2: Personal Care 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 was with difficulty and stay in bed. 	Section 7: Work 0 I can do as much work as I want to. 1 I can only do my usual work, but no more. 2 I can do most of my usual work, but no more. 3 I cannot do my usual work. 4 I can hardly do any work at all. 5 I can't do any work at all.
 Section 3: Lifting 0 I can lift heavy weights without extra pain. 1 I can lift heavy weights but it gives me extra pain. 2 Pain prevents me from lifting heavy weights off the floor but I can if they are in convenient places. E.g. on a table 3 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. 4 I can only lift very light weights 5 I cannot lift or carry anything. 	 Section 8: Driving 0 I drive my car without any neck pain. 1 I can drive my car as long as I want with slight pain in my neck. 2 I can drive my car as long as I want with moderate pain in my neck. 3 I can't drive my car as long as I want because of moderate pain in my neck. 4 I can hardly drive my car at all because of severe pain in my neck. 5 I can't drive my car at all.
 Section 4: Reading 0 I can read as much as I want with no pain in my neck. 1 I can read as much as I want to with slight pain in my neck. 2 I can read as much as I want with moderate pain. 3 I can't read as much as I want because of moderate pain in my neck. 4 I can hardly read at all because of severe pain in my neck. 5 I cannot read at all. 	 Section 9: Sleeping 0 I have no trouble sleeping. 1 My sleep is slightly disturbed (less than 1 hr. sleepless). 2 My sleep is moderately disturbed (1-2 hrs. sleepless). 3 My sleep is moderately disturbed (2-3 hrs. sleepless). 4 My sleep is greatly disturbed (3-4 hrs. sleepless). 5 My sleep is completely disturbed (5-7 hrs. sleepless).
Section 5: Headaches O I have no headaches at all 1 I have slight headaches which come infrequently. 2 I have slight headaches which come frequently. 3 I have moderate headaches which come infrequently. 4 I have moderate headaches which come frequently. 5 I have headaches almost all the time.	 Section 10: Recreation 0 I am able to engage in all my recreation activities with no neck pain at all. 1 I am able to engage in all my recreation activities with some pain in my neck. 2 I am able to engage in most, but not all of my usual recreation activities because of pain in my neck. 3 I am able to engage in a few of my usual recreation activities because of pain in my neck. 4 I can hardly do any recreation activities because of pain in my neck. 5 I can't do any recreation activities at all.