

# BACK INDEX

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 one statement that applies to you. If two or more statements in one section apply, mark the one that most closely describes your problem.*

## 1. PAIN INTENSITY

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

## 2. SLEEPING

- ☐ I get no pain in bed.
- ☐ I get pain in bed but it does not prevent me from sleeping well.
- ☐ Because of pain, normal sleep is reduced by less than 25%.
- ☐ Because of pain, normal sleep is reduced by less than 50%.
- ☐ Because of pain, normal sleep is reduced by less than 75%.
- ☐ Pain prevents me from sleeping at all.

## 3. SITTING

- ☐ I can sit 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 ½ hour.
- ☐ Pain prevents me from sitting more than 10 minutes.
- ☐ I avoid sitting because it increases pain immediately.

## 4. STANDING

- ☐ I can stand as long as I like without pain.
- ☐ I have some pain with standing but it does not increase with time.
- ☐ I cannot stand longer than 1 hour without increasing pain.
- ☐ I cannot stand longer than ½ hour without increasing pain.
- ☐ I cannot stand longer than 10 minutes without increasing pain.
- ☐ I avoid standing because it increases pain immediately.

## 5. WALKING

- ☐ I have no pain while walking.
- ☐ I have some pain while walking but it does not increase with distance
- ☐ I cannot walk more than 1 mile without increasing pain.
- ☐ I cannot walk more than ½ mile without increasing pain.
- ☐ I cannot walk more than ¼ mile without increasing pain.
- ☐ I cannot walk without increasing pain.

## 6. PERSONAL CARE

- ☐ I do not have to change my way of washing/ dressing in order to avoid pain.
- ☐ I do not normally change my way of washing/dressing but it causes some pain.
- ☐ Washing/ dressing increase pain but I manage not to change how I do it.
- ☐ Washing/dressing increase pain and I have to change my way of doing it.
- ☐ Because of the pain, I am unable to do SOME washing/dressing without help.
- ☐ Because of the pain, I am unable to do ANY washing/dressing without help.

## 7. 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.
- ☐ Pain prevents me from lifting heavy weights off the floor, but I can Manage if they are conveniently positioned (i.e. 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
- ☐ I can only lift very light weights.

## 8. 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 with traveling but it does not cause me to seek alternate forms of travel.
- ☐ I get extra pain with traveling which makes me seek alternate forms of travel.
- ☐ Pain restricts all form of travel except that done while lying down.
- ☐ Pain restricts all forms of travel.

## 9. 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 effect on my social life apart from limiting more energetic activities (i.e. dancing)
- ☐ Pain has restricted my social life and I do not go out very often.
- ☐ Pain has restricted my social life to home.
- ☐ I have hardly any social life because of pain.

## 10. 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=

$$\frac{\text{Sum of all Statements Selected}}{(\# \text{ of Statements Selected} \times 5)} \times 100$$

Back  
Index  
Score \_\_\_\_\_