

LOW BACK DISABILITY INDEX

NAME: _____ DATE: _____ AGE: _____ SCORE: _____ %

PLEASE READ INSTRUCTIONS:

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section related to you, but please just mark the box that **most closely** describes your problem.

<p>SECTION 1 – Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can tolerate the pain without having to take painkillers. <input type="checkbox"/> The pain is bad but I can manage without taking painkillers <input type="checkbox"/> Painkillers give complete relief from pain. <input type="checkbox"/> Painkillers give moderate relief from pain. <input type="checkbox"/> Painkillers give very little relief from pain. <input type="checkbox"/> Painkillers have no effect on the pain and I do not use them. 	<p>SECTION 6 – Standing</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want without extra pain. <input type="checkbox"/> I can stand as long as I want but it gives me extra pain. <input type="checkbox"/> Pain prevents me from standing more than 1 hour. <input type="checkbox"/> Pain prevents me from standing more than 30 minutes. <input type="checkbox"/> Pain prevents me from standing more than 10 minutes. <input type="checkbox"/> Pain prevents me from standing at all.
<p>SECTION 2 - Personal Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally, without cause extra pain. <input type="checkbox"/> I can look after myself normally, but it causes extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help, but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed; I was with difficulty and stay in bed. 	<p>SECTION 7 – Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me from sleeping well. <input type="checkbox"/> I can sleep well only by using tablets. <input type="checkbox"/> Even when I take tablets, I have less than 6 hours of sleep. <input type="checkbox"/> Even when I take tablets, I have less than 4 hours of sleep. <input type="checkbox"/> Even when I take tablets, I have less than 2 hours of sleep. <input type="checkbox"/> Pain prevents me from sleeping at all.
<p>SECTION 3 – Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights but it gives me extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned, for example, on a table. <input type="checkbox"/> I can lift very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>SECTION 8 – Social Life</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and give me no extra pain. <input type="checkbox"/> My social life is normal but increases the degree of pain. <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing. <input type="checkbox"/> Pain has restricted my social life and I do not go out as often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have no social life because of pain.
<p>SECTION 4 – Walking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me from walking any distance <input type="checkbox"/> Pain prevents me from walking more than one mile. <input type="checkbox"/> Pain prevents me from walking more than one-half mile <input type="checkbox"/> Pain prevents me from walking more than one-quarter mile. <input type="checkbox"/> I can only walk using a stick or crutches. <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet. 	<p>SECTION 9 – Traveling</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without extra pain <input type="checkbox"/> I can travel anywhere but it gives me extra pain. <input type="checkbox"/> Pain is bad but I manage journeys over 2 hours <input type="checkbox"/> Pain is bad but I manage journeys less than 1 hour. <input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes. <input type="checkbox"/> Pain prevents me from traveling except to the doctor or hospital
<p>SECTION 5 – Sitting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite char as long as I like. <input type="checkbox"/> Pain prevents me from sitting more than one hour. <input type="checkbox"/> Pain prevents me from sitting more than 30 minutes. <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting almost all the time. 	<p>SECTION 10 – Changing Degree of Pain</p> <ul style="list-style-type: none"> <input type="checkbox"/> My pain is rapidly getting better. <input type="checkbox"/> My pain fluctuates but overall is definitely getting better. <input type="checkbox"/> My pain seems to be getting better but improvement is slow at the present. <input type="checkbox"/> My pain is neither getting better nor worse. <input type="checkbox"/> My pain is gradually worsening. <input type="checkbox"/> My pain is rapidly worsening.

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