



LOW BACK PAIN TOOL



Patient Name:

Date: / /

Total Score:

Visit #:

1. **Section 1 - PAIN INTENSITY** (mark a check or X inside only ONE circle)

- Strongly Disagree Disagree Neutral Agree Strongly Agree

2. **Section 2 - PERSONAL CARE** (Washing, dressing, etc.) (mark a check or X inside only ONE circle)

- 0 I would 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 increase the pain but I manage not to change my way of doing it.
- 3 Washing and dressing increase 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 or dressing without help.

3. **Section 3 - LIFTING** (mark a check or X inside only ONE circle)

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor but I manage if they are conveniently positioned (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 lift very light weights
- 5 I cannot lift or carry anything at all.

4. **Section 4 - WALKING** (mark a check or X inside only ONE circle)

- 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 of 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.



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5. Section 5 - SITTING (mark a check or X inside only ONE circle)

- 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 of 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.

6. Section 6 - STANDING (mark a check or X inside only ONE circle)

- 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 of 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.

7. Section 7 - SLEEPING (mark a check or X inside only ONE circle)

- 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 of 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.

8. Section 8 - SOCIAL LIFE (mark a check or X inside only ONE circle)

- 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 of 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.

9. Section 9 - TRAVELING (mark a check or X inside only ONE circle)

- 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 of 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.

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10. My pain is rapidly getting better.

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

11. Please rate the severity of your pain on a Pain Severity Scale of 1 to 10. If you have NO pain, please leave this question blank. One (1) represents the Least Amount of Pain and ten (10) represents Excruciating Pain. Mark ONE circle only.

- 1 2 3 4 5 6 7 8 9 10

Patient Satisfaction Survey

Response Definition: VD=Very Dissatisfied D=Dissatisfied N=Neutral S=Satisfied VS=Very Satisfied

VD D N S VS

12. How satisfied are you with your overall outcome? (i.e., please compare your neck problem at the beginning of treatment with how you are doing now)

13. How satisfied are you with the health care provided by this clinic for your back problem? (i.e., please rate the clinic regarding professionalism, knowledge, empathy and overall care)

14. How satisfied are you with the health care provided by this clinic for your back problem? (i.e., please rate the clinic regarding professionalism, knowledge, empathy and overall care)

- 0 1 2 3 4 5 6 7 8 9
 10 11 12 13 14 15 16 17 18