



THE CENTER FOR REHABILITATION

at BERKSHIRE MEDICAL CENTER

SPINE QUESTIONNAIRE

Patient Name:

Date:

Date of Birth:

How long have you had back/neck pain?

years

months

weeks

How long have you had leg/arm pain?

years

months

weeks

This questionnaire has been designed to give you information as to how your back/neck pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section **ONLY** the **ONE** statement that most closely describes your problem.

PAIN INTENSITY

- I can tolerate the pain without having to take painkillers.
- The pain is bad but I can manage without taking painkillers.
- Painkillers give complete relief from pain.
- Painkillers give moderate relief from pain.
- Painkillers give very little relief from pain.
- Painkillers have no effect on the pain and I do not use them.

PERSONAL CARE (washing, dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but I manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed, wash with difficulty and stay in bed.

LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned e.g. 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 e.g. on the table.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking more than ¼ mile.
- I can only walk using a cane or crutches.
- I am in bed most of the time and have to crawl to the bathroom.

SITTING

- I can sit in any chair 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 10 minutes.
- Pain prevents me from sitting at all.

STANDING

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than ½ hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

SLEEPING

- Pain does not prevent me from sleeping.
- I can sleep well only by using medications.
- Even when I take medications I have less than 6 hours of sleep.
- Even when I take medications I have less than 4 hours of sleep.
- Even when I take medications I have less than 2 hours of sleep.
- Pain prevents me from sleeping at all.

SEX LIFE

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain.
- My sex life is nearly normal but it is very painful.
- My sex life is severely restricted by pain.
- My sex life is nearly absent because of pain.
- Pain prevents any sex life at all.

SOCIAL LIFE

- My social life is normal and causes no extra pain.
- My social life is normal but causes some extra pain.
- Pain has no significant effect of my social life apart from limiting my more energetic interests.
- Pain has restricted my social life, and I do not go out as often.
- Pain has restricted my social life to my house.
- I have no social life because of pain.

TRAVELING

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I can manage journeys over 2 hours.
- Pain restricts me to journeys of less than 1hour.
- Pain restricts me short necessary journeys less than 30 minutes.
- Pain prevents me from traveling except to the doctor.