

## BACK INDEX

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ File#: \_\_\_\_\_ Dr's initial: \_\_\_\_\_

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply mark the one that most closely describes your problem. Thank you!! Chiropractic Professional Center.

### 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 very severe and does not vary much

### 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 my pain my normal sleep is reduced by less than 25%
3. Because of my pain my normal sleep is reduced by less than 50%
4. Because of my pain my normal sleep is reduced by less than 75%
5. Pain prevents me from sleeping well

### 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 from sitting more than 1 hr.
3. Pain prevents me from sitting more than ½ hr.
4. Pain prevents me from sitting more than 10 min.
5. I avoid sitting because it increases pain immediately

### Standing

0. I can stand as long as I want without pain
1. I have some pain while standing but it does not increase with time
2. I cannot stand for longer than 1 hr. without increasing pain
3. I cannot stand for longer than ½ hr. without increasing pain
4. I cannot stand for longer than 10 min. without increasing pain
5. I avoid standing because it increases pain immediately

### Walking

0. I have no pain while walking
1. I have some pain walking but it doesn't increase with distance
2. I cannot walk more than 1 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

### 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 wash and dress without help

### Lifting

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
3. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (on a table)
4. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned
5. I can only lift very light weights

### Traveling

0. I get no pain while traveling
1. I get some pain while traveling but none of my usual forms of travel make it worse
2. I get extra pain while traveling but it does not cause me to seek alternate forms of travel
3. I get extra pain while traveling which causes me to seek alternate forms of travel
4. Pain restricts all forms of travel except that done lying down
5. Pain restricts all forms of traveling

### 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 (dancing, etc.)
3. Pain has restricted my social life and I don't get out often
4. Pain has restricted my social life to my home
5. I have hardly any social life because of the pain

### Changing degree of pain

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
3. My pain is neither getting better or worse
4. My pain is gradually worsening
5. My pain is rapidly worsening

Back Index Score

Dr. Initial: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ File#: \_\_\_\_\_

**THE LOWER EXTREMITY FUNCTIONAL SCALE**

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for **each** activity. Thank you!! Chiropractic Professional Center.

**Today, do you or would you have any difficulty at all with:**

	<b>Activities</b>	<b>Extreme Difficulty or Unable to Perform Activity</b>	<b>Quite a Bit of Difficulty</b>	<b>Moderate Difficulty</b>	<b>A Little Bit Of Difficulty</b>	<b>No Difficulty</b>
1	Any of your usual work, housework, or school activities	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activities	0	1	2	3	4
3	Getting into or out of the bath	0	1	2	3	4
4	Walking between rooms	0	1	2	3	4
5	Putting on your shoes or socks	0	1	2	3	4
6	Squatting	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor	0	1	2	3	4
8	Performing light activities around your home	0	1	2	3	4
9	Performing heavy activities around your home	0	1	2	3	4
10	Getting into or out of a car	0	1	2	3	4
11	Walking 2 blocks	0	1	2	3	4
12	Walking a mile	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs)	0	1	2	3	4
14	Standing for 1 hour	0	1	2	3	4
15	Sitting for 1 hour	0	1	2	3	4
16	Running on even ground	0	1	2	3	4
17	Running on uneven ground	0	1	2	3	4
18	Making sharp turns while running fast	0	1	2	3	4
19	Hopping	0	1	2	3	4
20	Rolling over in bed	0	1	2	3	4
	<b>Column Totals:</b>					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: \_\_\_\_\_/80

Dr. Initials: \_\_\_\_\_