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.