

Low Back Disability Index

Please Read: This questionnaire is designed to enable us to understand how much your low back has affected your ability to manage everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel more than one statement may relate to you, but please just circle the one choice which closely describes your problem

Section 1 – Pain intensity

- A. The pain comes and goes and is mild
- B. The pain is mild and doesn't vary much
- C. The pain comes and goes and is moderate
- D. The pain is moderate but doesn't vary much
- E. The pain is severe but comes and goes
- F. The pain is severe and doesn't vary much

Section 2 – Personal care (washing/dressing)

- A. I don't have to change the way of washing/ dressing in order to avoid pain
- B. I don't change the way of washing/dressing even though it causes some pain
- C. Washing/dressing increases the pain but I can manage
- D. Washing/dressing increases the pain and I have to change my way of doing it.
- E. Because of pain I'm unable to do most washing/dressing without help
- F. Because of pain I'm unable to do any washing/dressing without help

Section 3 – Lifting

- A. I can lift heavy weight without extra pain
- B. I can lift heavy weight but it causes pain
- C. Pain prevents me from lifting heavy weight
- D. Pain prevents me from lifting heavy weight but I can manage to do it if they are conveniently positioned
- E. I can lift very light weights
- F. I cannot lift or carry anything at all

Section 4 – Walking

- A. Pain doesn't prevent me from walking any distance
- B. I have some pain while walking but doesn't increase
- C. Pain prevents me from walking one mile
- D. Pain prevents me from walking more than ½ mile
- E. I can only walk while using a cane or crutches
- F. I am in bed most of the time, I can't walk without help

Section 5 – Sitting

- A. I can sit as long as I want without pain
- B. I can only sit on comfortable chair as long as I want
- C. Pain prevents me from sitting for more than an hour
- D. Pain prevents me from sitting more than ½ hour
- E. Pain prevents me from sitting more than 10 minutes
- F. Pain prevents me from sitting at all

Section 6 – Standing

- A. I can stand as long as I want with no pain
- B. I have some pain while standing but doesn't increase
- C. I can't stand longer than 1 hour without increasing pain
- D. I can't stand longer than ½ without increasing pain
- E. I can't stand longer than 10 minutes without increasing pain
- F. I avoid standing because it increases pain right away

Section 7 – Sleeping

- A. I have no trouble sleeping
- B. My sleep is slightly disturbed (less than 1 hour sleepless)
- C. My sleep is mildly disturbed (1-2 hours sleepless)
- D. My sleep is moderately disturbed (2-3 hours)
- E. My sleep is greatly disturbed (3-5 hours)
- F. My sleep is completely disturbed (5-7 hours)

Section 8 – Social life

- A. My social life is normal and causes no pain
- B. My social life is normal but increases pain
- C. Pain has some effect on my social life
- D. Pain has restricted my social life and I don't go out much
- E. Pain has restricted my social life to my home
- F. Pain prevents me from having a social life at all

Section 9 – Traveling

- A. I get no pain while traveling
- B. I get some pain while traveling but doesn't affect my traveling
- C. I get extra pain while traveling but doesn't make me seek alternative forms of traveling
- D. I get extra pain while traveling and makes me seek alternative ways of traveling
- E. Pain restricts all forms of travel
- F. I can only travel if I am laying down

Section 10 – Degree of pain

- A. My pain is rapidly getting better
- B. My pain fluctuates but is getting better
- C. My pain is getting better but improvement is slow
- D. My pain is neither getting better nor worse
- E. My pain is gradually getting worse
- F. My pain is rapidly getting worse

Signature _____

Date _____

Disability Index Score _____