

# Alta Physical & Complementary Therapies

## Low Back Index

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This questionnaire will give your physical therapist information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If 2 or more statements one section apply, please mark the one statement that most closely describes your problem. \*Note: ROM = range of motion

### Work/ Activities of Daily Living

- Pain/ ROM does not limit my usual activities.
- Pain/ ROM limit my usual activities by 25%.
- Pain/ROM limit my usual activities by 50%.
- Pain/ ROM limit my usual activities by 75%.
- Pain/ROM limit my usual activities by 100%.

### Lifting

- I can lift 5-25 lb. without extra pain.
- I can lift (5,10,15,20,25) lb. but it causes extra pain.
- Pain prevents me from lifting any object, object <5 lb., object >5 lb. off the floor.
- Pain prevents me from lifting objects off the floor but I can lift objects <5 lb (10,15,20,25 lb) if they are conveniently positioned (i.e. on a table).
- I can only lift objects <5 lb from table height.
- I can't lift even light objects.

### Recreation (\*Please circle all that apply)

- Pain/ ROM does not limit my hobbies/ recreation/sports.
- Pain/ROM limit my ability to perform my hobbies/ recreation/ sports by 25%.
- Pain/ROM limit my ability to perform my hobbies/ recreation/ sports by 50%
- Pain/ ROM limit my ability to perform my hobbies/ recreation/ sports by 75%.
- Pain/ ROM limit my ability to perform my hobbies/ recreation/ sports by 100%.

### Walking/ Running (\*Please circle all that apply)

- I have no pain while walking/ running.
- I have some pain while walking/ running but it does not increase with distance.
- I cannot walk/ run more than 1 mile per hour without increasing pain.
- I cannot walk/ run more than ½ mile in 30 minutes without increasing pain.
- I cannot walk/ run more than ¼ mile in 15 minutes without increasing pain.
- I cannot walk/ run at all without increasing pain.

### Driving

- I can drive without any back pain.
- I can drive as long as I want with slight back pain.
- I can drive as long as I want with moderate back pain
- I cannot drive as long as I want because of moderate back pain
- I can hardly drive at all because of severe back pain.
- I cannot drive my car at all because of back pain.

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### **(Cont'd)**

#### **Personal Care (\*Please circle all that apply)**

- I do not change my way of washing/ dressing in order to avoid pain.
- I do not normally change my way of washing/ dressing even though it causes some pain.
- Washing/ dressing increases the pain but I manage not to change my way of doing it.
- Washing/ dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing/ dressing without help.
- Because of the pain, I am unable to do any washing/ dressing without help.

#### **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 ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain immediately.

#### **Standing**

- I can stand as long as I want without pain.
- I have some pain while standing but it does not increase with time.
- I cannot stand for longer than 1 hour without increasing pain.
- I cannot stand for longer than ½ hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases pain immediately.

#### **Bed Activities**

- I have pain when lying on stomach \_\_\_\_\_
- I have pain when lying on right side \_\_\_\_\_
- I have pain when lying left side \_\_\_\_\_
- I have pain turning over in bed \_\_\_\_\_

#### **Sleeping**

- I have no trouble sleeping.
- My sleep is slightly disturbed (<1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

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### (Cont'd)

#### Transfer Activities (\*Please circle all that apply)

- I have no pain with sit-to-stand \_\_\_\_\_ lying-to-sit \_\_\_\_\_ rolling over in bed \_\_\_\_\_
- I have mild pain with sit-to-stand \_\_\_\_\_ lying-to-sit \_\_\_\_\_ rolling over in bed \_\_\_\_\_
- I have moderate pain with sit-to-stand \_\_\_\_\_ lying-to-sit \_\_\_\_\_ rolling over in bed \_\_\_\_\_
- I have severe pain with sit-to-stand \_\_\_\_\_ lying-to-sit \_\_\_\_\_ rolling over in bed \_\_\_\_\_

#### Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant affect on my social life apart from limiting my more energetic interests (dancing, etc.).
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

#### Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

#### Bending

- I can bend forward from my waist without pain.
- I can bend forward from my waist with mild pain.
- Pain limits my ability to bend forward to put on shoes, socks, pants.