

# Low Back Disability Questionnaire

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**Name:**

**Date:**

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## Section 1: Pain Intensity

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

## Section 2: Personal Care (Washing, Dressing, etc.)

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

## Section 3: Lifting

- 0 I can lift heavy weights without extra pain.
- 1 I can lift heavy weights but it gives me extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor but I can if they are in convenient places.
- 3 Pain prevents me from lifting heavy weights, but I can manage medium weights if conveniently positioned.
- 4 I can lift very light weights.
- 5 I cannot lift or carry anything at all.

## Section 4: Walking

- 0 Pain does not prevent me from walking any distance.
- 1 Pain prevents me from walking more than one mile.
- 2 Pain prevents me from walking more than one-half mile.
- 3 Pain prevents me from walking more than one-quarter mile.
- 4 I can only walk using a stick or crutches.
- 5 I am in bed most of the time and have to crawl to the toilet.

## Section 5: 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 sitting more than 1 hour.
- 3 Pain prevents me sitting more than 1/2 hour.
- 4 Pain prevents me sitting more than 10 minutes.
- 5 Pain prevents me from sitting almost all the time.

## Section 6: Standing

- 0 I can stand as long as I want without extra pain.
- 1 I can stand as long as I want but it gives extra pain.
- 2 Pain prevents me from standing more than 1 hour.
- 3 Pain prevents me from standing more than 30 minutes.
- 4 Pain prevents me from standing more than 10 minutes.
- 5 Pain prevents me from standing at all.

## Section 7: Sleeping

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

## Section 8: 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.
- 3 Pain has restricted my social life and I do not go out as often.
- 4 Pain has restricted my social life to my home.
- 5 I have hardly any social life because of pain.

## Section 9: Travelling

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

## Section 10: Changing Degree of Pain

- 0 My pain is rapidly getting better.
- 1 My pain fluctuates, but is definitely getting better.
- 2 My pain seems to be getting better, but improvement is slow at present.
- 3 My pain is neither getting better nor worse.
- 4 My pain is gradually worsening.
- 5 My pain is rapidly worsening.