

## Low Back Pain Assessment Form (3-29-95)

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

1. Please select the choice below which best describes your back pain. Remember to select only one choice:

- A. This is the first time that I have had my pain and it has been present for less than 2 months.
- B. I have had this pain before and it has gotten better and then come back within the last two months.
- C. I have had my current pain for more than 2 months

2. Please select the choice below which best describes the location of your pain. Remember to select only one choice:

- A. My pain is located in my back and/or buttock and does not go into my leg.
- B. My pain is located in my back and/or buttock and goes into my leg (s) occasionally but not everyday.
- C. My pain is mainly located in my back and/or buttock but goes into my leg(s) for at least part of everyday.
- D. My pain is mainly located in my back and/or buttock but also constantly goes into my leg (s).
- E. My pain is mainly in my leg (s) rather than my back.

3. Please list 3 activities that you would like to be able to do but can't do or that are very difficult for you to do:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

4. The following line represents the intensity of your pain. The left end of the line indicates no pain while the right end represents the worst pain that you can imagine. Please put a slash through the part of the line which best represents your average pain over the last week.

No pain \_\_\_\_\_ Worst pain  
imaginable

5. Please read each word below, and decide whether it describes what your pain has felt like over the last week. If a word does not describe your pain, circle 0 (DOES NOT APPLY), and go to the next item. If a word does describe your pain, rate how strongly you have felt that sensation ((1=mild, 2=moderate, 3=severe).

	Does not apply	Mild	Moderate	Severe
1. Throbbing	0	1	2	3
2. Shooting	0	1	2	3
3. Stabbing	0	1	2	3
4. Sharp	0	1	2	3
5. Cramping	0	1	2	3
6. Gnawing	0	1	2	3
7. Hot-burning	0	1	2	3
8. Aching	0	1	2	3
9. Heavy	0	1	2	3
10. Tender	0	1	2	3
11. Splitting	0	1	2	3
12. Tiring-exhausting	0	1	2	3
13. Sickening	0	1	2	3
14. Fearful	0	1	2	3
15. Punishing-cruel	0	1	2	3

This questionnaire is designed to enable us to understand how much your Low Back Problem has affected your ability to manage your everyday activities over the last week. Please answer each section by marking the **ONE BOX** that most applies to you. We realize that more than one statement may apply to you, but please just mark one box. Thank you.

#### SECTION 1 - Pain Intensity

- The pain comes and goes and is very mild
- The pain is mild and does not vary much
- The pain comes and goes and is moderate
- The pain is moderate and does not vary much
- The pain comes and goes and is severe
- The pain is severe and does not vary much

#### SECTION 2 - Personal Care

- I would not have to change my way of washing or dressing in order to avoid pain
- I do not normally change my way of washing or dressing even though it causes some pain
- Washing and dressing increases the pain but I manage not to change my way of doing it
- Washing and dressing increase 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 and dressing without help
- Because of the pain I am unable to do any washing or dressing without help

#### SECTION 3 - Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it causes extra pain
- Pain prevents me lifting heavy weights off the floor
- Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights at the most

#### SECTION 4 - Walking

- I have no pain on walking
- I have some pain on walking but it does not increase with distance
- I cannot walk more than One Mile without increasing pain
- I cannot walk more than ½ Mile without increasing pain
- I cannot walk more than ¼ Mile without increasing pain
- I cannot walk at all without increasing pain

#### SECTION 5 - Sitting

- I can sit in any chair as long as I like
- I can sit only in my favorite chair as long as I like
- Pain prevents me sitting more than one 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 straight away

#### SECTION 6 - Standing

- I can stand as long as I want without pain
- I have some pain on standing but it does not increase with time
- I cannot stand for longer than one 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 the pain straight away

#### SECTION 7 - Sleeping

- I get no pain in bed
- I get pain in bed but it does not prevent me from sleeping well
- Because of pain my normal nights sleep is reduced by less than ¼
- Because of pain my normal nights sleep is reduced by less than ½
- Because of pain my normal nights sleep is reduced by less than ¾
- Pain prevents me from sleeping at all

#### SECTION 8 - Social Life

- My social life is normal and gives me no pain
- My social life is normal but increases the degree of my pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. 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

#### SECTION 9 - Travelling

- I get no pain while travelling
- I get some pain while travelling but none of my usual forms of travel make it any worse
- I get extra pain while travelling but it does not compel me to seek alternative forms of travel
- I get extra pain while travelling which compels me to seek alternative forms of travel
- Pain restricts all forms of travel
- Pain prevents all forms of travel except that done lying down

#### SECTION 10 - 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 at present
- My pain is neither getting better nor worse
- My pain is gradually worsening
- My pain is rapidly worsening

Scoring: Total number of points X 2 = % Score

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Fear Avoidance Beliefs Questionnaire (Physical Activity)**

Here are some of the things other patients have told us about their pain. For each statement please mark the number from 0-6 to indicate how much physical activities such as bending, lifting, walking or driving affect or would affect your back pain.

	Completely Disagree			Unsure			Completely Agree	
My pain was caused by physical activity	0	1	2	3	4	5	6	
*Physical activity makes my pain worse	0	1	2	3	4	5	6	
*Physical activity might harm my back	0	1	2	3	4	5	6	
*I should not do physical activities which (might) make my pain worse	0	1	2	3	4	5	6	
*I cannot do physical activities which (might) make my pain worse	0	1	2	3	4	5	6	

FABQ(PA) Score: \_\_\_\_\_  Greater than 19  Less than 12 (For \* questions only)

**Fear Avoidance Beliefs Questionnaire (Work)**

The following statements are about how your normal work affects or would affect your back.

	Completely Disagree			Unsure			Completely Agree	
*My pain was caused by my work or by an accident at work	0	1	2	3	4	5	6	
*My work aggravated my pain	0	1	2	3	4	5	6	
I have a claim for compensation for my pain	0	1	2	3	4	5	6	
*My work is too heavy for me	0	1	2	3	4	5	6	
*My work makes or would make my pain worse	0	1	2	3	4	5	6	
*My work might harm my back	0	1	2	3	4	5	6	
*I should not do my regular work with my present pain	0	1	2	3	4	5	6	
I cannot do my normal work with my present pain	0	1	2	3	4	5	6	
I cannot do my normal work until my pain is treated	0	1	2	3	4	5	6	
*I do not think that I will be back to my normal work within 3 months	0	1	2	3	4	5	6	
I do not think that I will ever be able to go back to work	0	1	2	3	4	5	6	

FABQ(W) Score: \_\_\_\_\_  Greater than 34  Less than 19 (For \* questions only)