



Parris Family Chiropractic

Put Your Health in Our Hands



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LOW BACK PAIN QUESTIONNAIRE

Patient Name: _____ Date: _____

Patient Signature: _____

This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by selecting the ONE CHOICE that most applies to you. Please select the ONE CHOICE which most closely describes your problem right now.

<p>Pain Intensity</p> <ul style="list-style-type: none"> <input type="radio"/> The pain comes and goes and is very mild. <input type="radio"/> The pain is mild and does not very much. <input type="radio"/> The pain comes and goes and is moderate. <input type="radio"/> The pain is moderate and does not vary much. <input type="radio"/> The pain comes and goes and is severe. <input type="radio"/> The pain is severe and does not vary much. 	<p>Standing</p> <ul style="list-style-type: none"> <input type="radio"/> I can stand as long as I want without pain. <input type="radio"/> I have some pain while standing, but it does not increase with time. <input type="radio"/> I cannot stand for longer than one hour without increasing pain. <input type="radio"/> I cannot stand for longer than 1/2, hour without increasing pain. <input type="radio"/> I cannot stand for longer than ten minutes without increasing pain. <input type="radio"/> I avoid standing because it increases the pain straight away.
<p>Sitting</p> <ul style="list-style-type: none"> <input type="radio"/> I can sit in any chair as long as I like without pain. <input type="radio"/> I can only sit in my favorite chair as long as I like. <input type="radio"/> Pain prevents me from sitting more than one hour. <input type="radio"/> Pain prevents me from sitting more than 1/2, hour. <input type="radio"/> Pain prevents me from sitting more than ten minutes. <input type="radio"/> Pain prevents me from sitting at all. 	<p>Social Life</p> <ul style="list-style-type: none"> <input type="radio"/> My social life is normal and gives me no pain. <input type="radio"/> My social life is normal, but increases the degree of my pain. <input type="radio"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc. <input type="radio"/> Pain has restricted my social life and I do not go out very often. <input type="radio"/> Pain has restricted my social life to my home. <input type="radio"/> I hardly have any social life because of the pain.
<p>Lifting</p> <ul style="list-style-type: none"> <input type="radio"/> I can lift heavy weights without extra pain. <input type="radio"/> I can lift heavy weights, but it causes extra pain. <input type="radio"/> Pain prevents me from lifting heavy weights off the floor. <input type="radio"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. <input type="radio"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="radio"/> I cannot lift or carry anything at all. 	<p>Sleeping</p> <ul style="list-style-type: none"> <input type="radio"/> I get no pain in bed. <input type="radio"/> I get pain in bed, but it does not prevent me from sleeping well. <input type="radio"/> Because of pain, my normal night's sleep is reduced by less than one-quarter. <input type="radio"/> Because of pain, my normal night's sleep is reduced by less than one-half. <input type="radio"/> Because of pain, my normal night's sleep is reduced by less than three-quarters. <input type="radio"/> Pain prevents me from sleeping at all.
<p>Walking</p> <ul style="list-style-type: none"> <input type="radio"/> Pain does not prevent me from walking any distance. <input type="radio"/> Pain prevents me from walking more than one mile. <input type="radio"/> Pain prevents me from walking more than 1/2, mile. <input type="radio"/> Pain prevents me from walking more than 1/4, mile. <input type="radio"/> I can only walk while using a cane or on crutches. <input type="radio"/> I am in bed most of the time and have to crawl to the toilet. 	<p>Changing Degree of Pain</p> <ul style="list-style-type: none"> <input type="radio"/> My pain is rapidly getting better. <input type="radio"/> My pain fluctuates, but overall is definitely getting better. <input type="radio"/> My pain seems to be getting better, but improvement is slow at present. <input type="radio"/> My pain is neither getting better nor worse. <input type="radio"/> My pain is gradually worsening. <input type="radio"/> My pain is rapidly worsening.
<p>Personal Care (Washing, Dressing, Etc.)</p> <ul style="list-style-type: none"> <input type="radio"/> I would not have to change my way of washing or dressing in order to avoid pain. <input type="radio"/> I do not normally change my way of washing or dressing even though it causes some pain. <input type="radio"/> Washing and dressing increases the pain, but I manage not to change my way of doing it. <input type="radio"/> Washing and dressing increases the pain and I find it necessary to change my way of doing it. <input type="radio"/> Because of the pain, I am unable to do some washing and dressing without help. <input type="radio"/> Because of the pain, I am unable to do any washing or dressing without help. 	<p>Traveling</p> <ul style="list-style-type: none"> <input type="radio"/> I get no pain while traveling. <input type="radio"/> I get some pain while I travel, but none of my usual forms of travel make it any worse. <input type="radio"/> I get extra pain while traveling, but it does not compel me to seek alternative forms of travel. <input type="radio"/> I get extra pain while traveling which compels me to seek alternative forms of travel. <input type="radio"/> Pain restricts all forms of travel. <input type="radio"/> Pain prevents all forms of travel except that done lying down.

Comments: _____