

Modified Low Back Disability Questionnaire

<p>Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can tolerate the pain I have without having to use pain medication. <input type="checkbox"/> The pain is bad, but I can manage without having to take pain medication. <input type="checkbox"/> Pain medication provides me with complete relief from pain. <input type="checkbox"/> Pain medication provides me with moderate relief from pain. <input type="checkbox"/> Pain Medication provides me little relief from pain. <input type="checkbox"/> Pain medication provides no effect on my pain. 	<p>Standing</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand for as long as I want without increased pain. <input type="checkbox"/> I can stand as long as I want, but it increases my pain. <input type="checkbox"/> Pain prevents me from standing more than 1 hour. <input type="checkbox"/> Pain prevents me from standing more than ½ hour. <input type="checkbox"/> Pain prevents me from standing more than 10 minutes. <input type="checkbox"/> Pain prevents me from standing at all.
<p>Personal Care (eg, Washing, Dressing)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can take care of myself normally without causing increased pain. <input type="checkbox"/> I can take care of myself normally, but it increases my pain. <input type="checkbox"/> It is painful to take care of myself, and I am slow and careful. <input type="checkbox"/> I need help, but I am able to manage most of my personal care. <input type="checkbox"/> I need help everyday in most aspects of my life. <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed. 	<p>Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me from sleeping well. <input type="checkbox"/> I can sleep well only by using pain medication. <input type="checkbox"/> Even when I take pain medication, I sleep less than 6 hours. <input type="checkbox"/> Even when I take pain medication, I sleep less than 4 hours. <input type="checkbox"/> Even when I take pain medication, I sleep less than 2 hours. <input type="checkbox"/> Pain prevents me from sleeping at all.
<p>Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without increased pain. <input type="checkbox"/> I can lift heavy weights, but it causes increased pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (eg, on a table). <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. <input type="checkbox"/> I can lift only very light weights. <input type="checkbox"/> I cannot lift or carry anything. 	<p>Social Life</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and does not increase my pain. <input type="checkbox"/> My social life is normal, but it increases my level of pain. <input type="checkbox"/> Pain prevents me from participating in more energetic activities (eg, Sports dancing). <input type="checkbox"/> Pain prevents me from going out often. <input type="checkbox"/> Pain has restricted my social life to my home. <input type="checkbox"/> I have hardly any social life because of my pain.
<p>Walking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me from walking any distance. <input type="checkbox"/> Pain prevents me from walking more than 1 mile. <input type="checkbox"/> Pain prevents me from walking more than ½ mile. <input type="checkbox"/> Pain prevents me from walking more than ¼ mile. <input type="checkbox"/> I can only walk with crutches or a cane. <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet. 	<p>Traveling</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without increased pain. <input type="checkbox"/> I can travel anywhere, but it increases my pain. <input type="checkbox"/> My pain restricts my travel over 2 hours. <input type="checkbox"/> My pain restricts my travel over 1 hour. <input type="checkbox"/> My pain restricts my travel to short necessary journeys under ½ hour. <input type="checkbox"/> My pain prevents all travel except for visits to the physician/ therapist/ hospital.
<p>Sitting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> I can only sit in my favorite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour. <input type="checkbox"/> Pain prevents me from sitting for more than ½ hour. <input type="checkbox"/> Pain prevents me from sitting more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting at all. 	<p>Employment/ Homemaking</p> <ul style="list-style-type: none"> <input type="checkbox"/> My normal homemaking/ job activities do not cause pain. <input type="checkbox"/> My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me. <input type="checkbox"/> I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming). <input type="checkbox"/> Pain prevents me from doing anything but light duties. <input type="checkbox"/> Pain prevents me from doing even light duties. <input type="checkbox"/> Pain prevents me from performing any job or homemaking chores.

Name: _____ Date: _____ Score: _____