

Name: _____

Date: _____

PAIN SCALE

Mark on the line the *AVERAGE* level of your **BACK PAIN** in the past week



Mark on the line the *AVERAGE* level of your **LEG PAIN** in the past week

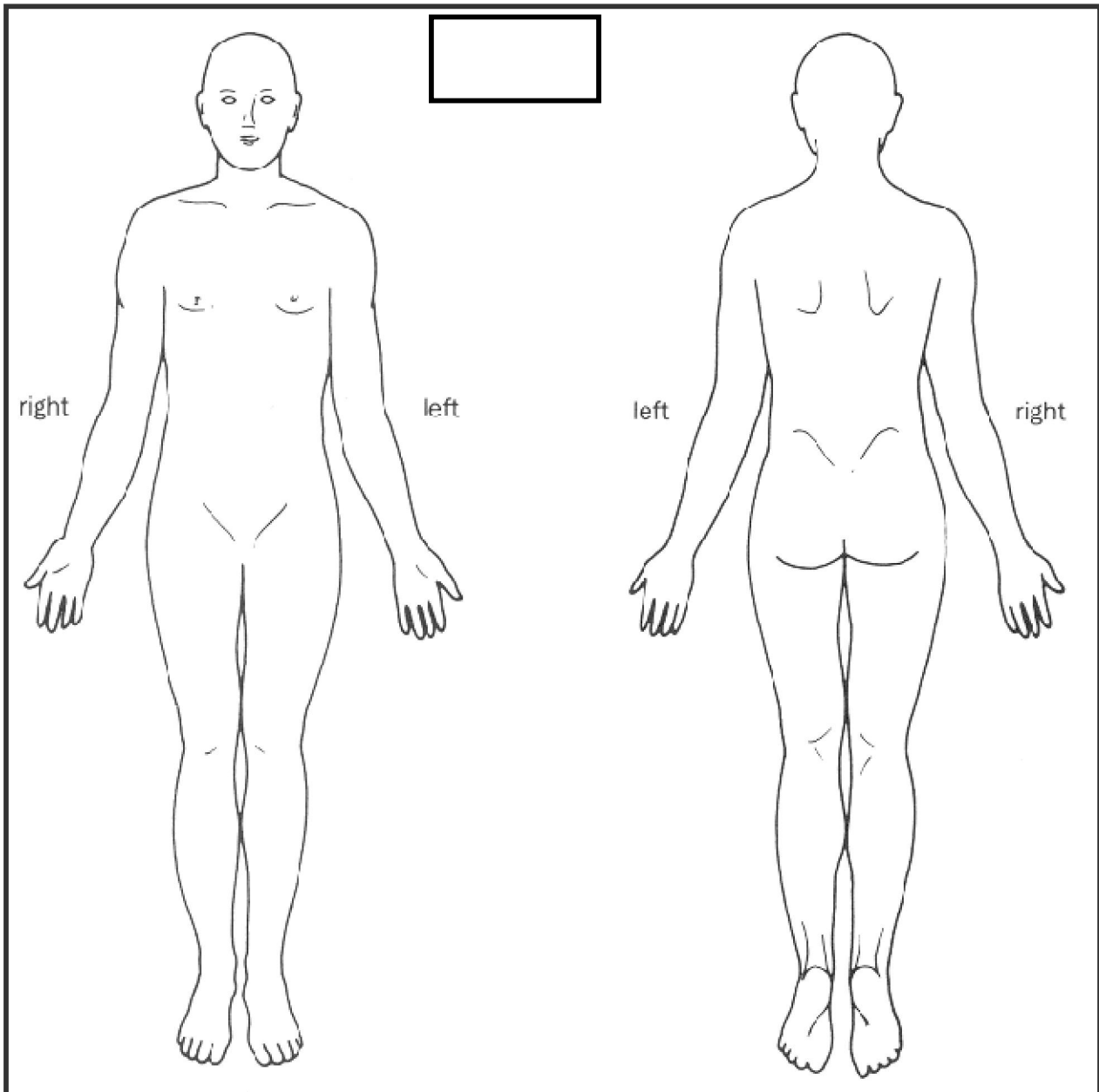


PAIN DIAGRAM

Mark areas of *PAIN* that you have on the diagram using **SHADING**



Mark areas of *TINGLING* or *PINS AND NEEDLES* with **CROSSES**





BACK PAIN QUESTIONNAIRE

This questionnaire has been designed to give the doctor information about how your back pain has affected your ability to manage in everyday life. Please **answer each section** and mark in each section **only one box** that applies best to you. We realise that you may consider that two of the statements may apply to you, but just mark the box that most closely describes your problem.

1. PAIN INTENSITY

- I can tolerate the pain without having to use pain killers
- The pain is bad but I manage without taking pain killers
- Pain killers give complete relief of pain
- Pain killers give partial relief of pain
- Pain killers give very little relief of pain
- Pain killers have no effect on pain and I do not use them

6. STANDING

- I can stand as long as I want
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing more than one hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

2. PERSONAL CARE

- I can look after myself normally without extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow & careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of personal care
- I do not get dressed, wash with difficulty and stay in bed

7. SLEEPING

- I sleep well
- Pain occasionally interrupts my sleep
- Pain interrupts my sleep half of the time
- Pain often interrupts my sleep
- Pain always interrupts my sleep
- I never sleep well

3. LIFTING

- I can lift heavy objects without extra pain
- I can lift heavy objects but it gives extra pain
- I can only lift heavy objects if they are on a table
- I can only lift light / medium objects if they are on a table
- I can only lift very light objects
- I cannot lift anything, due to pain

8. SOCIAL LIFE

- My social life is normal and gives me no extra pain
- My social life is normal but gives me extra pain
- Pain restricts more energetic social activities
- Pain has restricted my social life and I go out less often
- Pain has restricted my social life to home
- I have no social life because of pain

4. WALKING

- I can run or walk without pain
- I can walk comfortably but running is painful
- Pain prevents me from walking more than one hour
- Pain prevents me from walking more than 30 minutes
- Pain prevents me from walking more than 10 minutes
- I cannot walk more than a few steps at a time

9. TRAVELLING

- I can travel anywhere without extra pain
- I can travel anywhere but it causes some pain
- Pain is bad but I manage to travel over two hours
- Pain restricts me to trips of less than one hour
- Pain restricts me to trips of less than 30 minutes
- Pain prevents me from travelling except to the doctor

5. SITTING

- I can sit in any chair as long as I want
- I can only sit in a special chair as long as I want
- Pain prevents me from sitting more than one hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

10. EMPLOYMENT / HOUSEKEEPING

- My normal homemaking/job activities don't cause pain
- I can perform **all** these activities but do experience pain
- I can perform **most** activities but do experience pain
- Pain prevents me from doing anything but light duties
- Pain prevents me from doing **even** light duties
- Pain prevents me performing any job / activities at all

I confirm that the above is the truth to the best of my knowledge.
I understand that this document can be submitted to the Court

OFFICE USE ONLY _____ %

signed:

Print Name:

Today's Date: