

DISABILITY INDEX QUESTIONNAIRE (B)

*(These questions will ask about **low back pain**. Should your pain be in your **hips, thighs, legs or feet**, then please answer the questions as if the questions are referring to those areas of pain).*

This questionnaire helps us to understand how your **pain** has affected your ability to perform everyday activities. Please circle **ONLY ONE** number in each section that clearly describes your problem right now.

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| <p><u>Pain Intensity</u></p> <ol style="list-style-type: none"> 0. The pain comes and goes and is very mild. 1. The pain is mild and does not change much. 2. The pain comes and goes and is moderate. 3. The pain is moderate and does not change much. 4. The pain comes and goes and is severe. 5. The pain is severe and does not change much. | <p><u>Sleeping</u></p> <ol style="list-style-type: none"> 0. I get no pain in bed. 1. I get pain in bed but it does not prevent me from sleeping. 2. Because of pain, my normal night's sleep is reduced by 1/4. 3. Because of pain, my normal night's sleep is reduced by 1/2. 4. Because of pain, my normal night's sleep is reduced by 3/4. 5. Pain prevents me from sleeping at all. |
| <p><u>Walking</u></p> <ol style="list-style-type: none"> 0. I have no pain walking. 1. I have some pain walking, but it does not increase with distance. 2. I cannot walk more than 1 mile without increasing pain. 3. I cannot walk more than 1/2 mile without increasing pain. 4. I cannot walk more than 1/4 mile without increasing pain. 5. I cannot walk at all without increasing pain. | <p><u>Social Life</u></p> <ol style="list-style-type: none"> 0. My social life is normal and gives me no 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, (i.e. dancing, etc.) 3. Pain has restricted my social life and I do not go out very often. 4. Pain has restricted my social life at home. 5. I have hardly any social life because of my pain. |
| <p><u>Personal Care (Washing, Dressing, etc.)</u></p> <ol style="list-style-type: none"> 0. I would not have to change my way of washing or dressing to avoid pain 1. I do not normally change my way of washing or dressing even though it <u>causes</u> some pain. 2. Washing and dressing <u>increases</u> the pain but I manage not to change my way of doing it. 3. Washing and dressing increase the pain and I find it necessary to <u>change my way of doing it</u>. 4. Because of the pain, I am unable to do some washing and dressing <u>without help</u>. 5. Because of the pain, I am unable to do any washing and dressing. | <p><u>Traveling</u></p> <ol style="list-style-type: none"> 0. I get no pain when traveling. 1. I get some pain while traveling, but none of my usual forms of travel make it any worse. 2. I get extra pain while traveling, but it does not compel me to seek alternate forms of travel. 3. I get extra pain while traveling which compels me to seek alternative forms of travel. 4. Pain restricts all forms of travel. 5. Pain prevents all forms of travel except that done lying down. |
| <p><u>Standing</u></p> <ol style="list-style-type: none"> 0. I can stand as long as I want without pain. 1. I have some pain standing but it does not increase over time. 2. I cannot stand longer than 1 hour without increasing pain. 3. I cannot stand longer than 1/2 hour without increasing pain. 4. I cannot stand longer than 10 min without increasing pain. 5. I avoid standing because it increases the pain immediately. | <p><u>Lifting</u></p> <ol style="list-style-type: none"> 0. I can lift heavy objects without extra pain. 1. I can lift heavy objects but it gives me extra pain. 2. Pain prevents me from lifting heavy objects off the floor. 3. Pain prevents me from lifting heavy objects off the floor, but I can manage if they are conveniently positioned. (I.e. on a table.) 4. Pain prevents me from lifting heavy objects, but I can manage light to medium objects if they are conveniently positioned. 5. I can only lift very light objects or no objects at all. |
| <p><u>Sitting</u></p> <ol style="list-style-type: none"> 0. I can sit in any chair as long as I like without pain. 1. I can only sit in my favorite chair as long as I like. 2. Pain prevents me from sitting more than 1 hour. 3. Pain prevents me from sitting more than 1/2 hour. 4. Pain prevents me from sitting more than 10 min. 5. I avoid sitting because it increases pain immediately. | <p><u>Changing degree of Pain</u></p> <ol style="list-style-type: none"> 0. My pain is rapidly getting better. 1. My pain fluctuates but overall is definitely is getting better. 2. My pain seems to be getting better, but improvement is slow. 3. My pain is neither getting better nor worse. 4. My pain is gradually getting worse. 5. My pain is rapidly getting worse. |

(Patient or Authorized Signature)

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