

**Lawlor Chiropractic  
Back Disability Questionnaire**

Name: _____		Age: _____		Date: _____	
<b>Section 1- Pain Intensity</b> <input type="checkbox"/> A. The pain comes and goes and is very mild. <input type="checkbox"/> B. The pain is mild and does not vary much. <input type="checkbox"/> C. The pain comes and goes and is moderate. <input type="checkbox"/> D. The pain is moderate and does not vary much. <input type="checkbox"/> E. The pain comes and goes and is severe. <input type="checkbox"/> F. The pain is severe and does not vary much.			<b>Section 6- Standing</b> <input type="checkbox"/> A. I can stand as long as I want without pain. <input type="checkbox"/> B. I have some pain while standing, but it does not increase with time. <input type="checkbox"/> C. I cannot stand for longer than 1 hour without increasing pain. <input type="checkbox"/> D. I cannot stand for longer than ½ hour without increasing pain. <input type="checkbox"/> E. I cannot stand for longer than 10 minutes without increasing pain. <input type="checkbox"/> F. Pain prevents me from standing at all.		
<b>Section 2- Personal Care</b> <input type="checkbox"/> A. I would not have to change my way of washing or dressing in order to avoid pain. <input type="checkbox"/> B. I do not normally change my way of washing or dressing even though it causes some pain. <input type="checkbox"/> C. Washing and dressing increases the pain, but I manage not to change my way of doing it. <input type="checkbox"/> D. Washing and dressing increases the pain and I find it necessary to change my way of doing it. <input type="checkbox"/> E. Because of the pain, I am unable to do some washing and dressing without help. <input type="checkbox"/> F. Because of the pain, I am unable to do any washing or dressing without help.			<b>Section 7- Sleeping</b> <input type="checkbox"/> A. I get no pain in bed. <input type="checkbox"/> B. I get pain in bed, but it does not prevent me from sleeping well. <input type="checkbox"/> C. Because of pain, my normal night's sleep is reduced by less than one-quarter. <input type="checkbox"/> D. Because of pain, my normal night's sleep is reduced by less than one-half. <input type="checkbox"/> E. Because of pain, my normal night's sleep is reduced by less than three-quarters. <input type="checkbox"/> F. Pain prevents me from sleeping at all.		
<b>Section 3- Lifting</b> <input type="checkbox"/> A. I can lift heavy weights without extra pain. <input type="checkbox"/> B. I can lift heavy weights but it gives me extra pain. <input type="checkbox"/> C. Pain prevents me from lifting heavy weights off the floor. <input type="checkbox"/> D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned. <input type="checkbox"/> E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if conveniently positioned. <input type="checkbox"/> F. I can only lift very light weights, at the most.			<b>Section 8- Social Life</b> <input type="checkbox"/> A. My social life is normal and gives me no pain. <input type="checkbox"/> B. My social life is normal, but increases the degree of my pain. <input type="checkbox"/> C. Pain has no significant effect on my social life apart from limiting my more energetic interests, eg, dancing. <input type="checkbox"/> D. Pain has restricted my social life and I do not go out very often. <input type="checkbox"/> E. Pain has restricted my social life to my home. <input type="checkbox"/> F. I have hardly any social life because of the pain.		
<b>Section 4- Walking</b> <input type="checkbox"/> A. Pain does not prevent me from walking any distance. <input type="checkbox"/> B. Pain prevents me from walking more than 1 mile. <input type="checkbox"/> C. Pain prevents me from walking more than ½ mile. <input type="checkbox"/> D. Pain prevents me from walking more than ¼ mile. <input type="checkbox"/> E. I can only walk using a stick or crutches. <input type="checkbox"/> F. I am in bed most of the time and have to crawl to the toilet.			<b>Section 9- Traveling</b> <input type="checkbox"/> A. I get no pain while traveling. <input type="checkbox"/> B. I get some pain while traveling but none of my usual forms of travel make it any worse. <input type="checkbox"/> C. I get extra pain while traveling but it does not compel me to seek alternative forms of travel. <input type="checkbox"/> D. I get extra pain while traveling which compels me to seek alternative forms of travel. <input type="checkbox"/> E. Pain restricts all forms of travel. <input type="checkbox"/> F. Pain prevents all forms of travel except that done lying down.		
<b>Section 5- Sitting</b> <input type="checkbox"/> A. I can sit in any chair as long as I like without pain. <input type="checkbox"/> B. I can only sit in my favorite chair as long as I like. <input type="checkbox"/> C. Pain prevents me sitting more than 1 hour. <input type="checkbox"/> D. Pain prevents me sitting more than ½ hour. <input type="checkbox"/> E. Pain prevents me sitting more than 10 minutes. <input type="checkbox"/> F. Pain prevents me sitting at all.			<b>Section 10- Changing Degree of Pain</b> <input type="checkbox"/> A. My pain is rapidly getting better. <input type="checkbox"/> B. My pain fluctuates, but overall is definitely getting better. <input type="checkbox"/> C. My pain seems to be getting better, but improvement is slow at present. <input type="checkbox"/> D. My pain is neither getting better nor worse. <input type="checkbox"/> E. My pain is gradually worsening. <input type="checkbox"/> F. My pain is rapidly worsening.		