

Back Index

Form BI100

rev 3/27/2003

Patient Name _____

Date _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ① The pain comes and goes and is very mild.
- ② The pain comes and goes and is moderate.
- ③ The pain is moderate and does not vary much.
- ④ The pain comes and goes and is very severe.
- ⑤ The pain is very severe and does not vary much.

Sleeping

- ① I get no pain in bed.
- ② Because of pain my normal sleep is reduced by less than 25%.
- ③ Because of pain my normal sleep is reduced by less than 50%.
- ④ Because of pain my normal sleep is reduced by less than 75%.
- ⑤ Pain prevents me from sleeping at all.

Sitting

- ① I can sit in any 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 minutes.
- ⑤ I avoid sitting because it increases pain immediately.

Standing

- ① I can stand as long as I want without pain.
- ② I cannot stand for longer than 1 hour without increasing pain.
- ③ I cannot stand for longer than 1/2 hour without increasing pain.
- ④ I cannot stand for longer than 10 minutes without increasing pain.
- ⑤ I avoid standing because it increases pain immediately.

Walking

- ① I have no pain while walking.
- 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.

Personal Care

- ① I do not have to change my way of washing or dressing in order to avoid pain.
- ② Washing and dressing increases the pain but I manage not to change my way of doing it.
- ③ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ④ Because of the pain I am unable to do some washing and dressing without help.
- ⑤ Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ① I can lift heavy weights without extra pain.
- ② Pain prevents me from lifting heavy weights off the floor.
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ⑤ I can only lift very light weights.

Traveling

- ① I get no pain while traveling.
- ② I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ③ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ④ Pain restricts all forms of travel except that done while lying down.
- ⑤ Pain restricts all forms of travel.

Social Life

- ① My social life is normal and gives me no extra pain.
- ② Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ③ Pain has restricted my social life and I do not go out very often.
- ④ Pain has restricted my social life to my home.
- ⑤ I have hardly any social life because of the pain.

Changing degree of pain

- ① My pain is rapidly getting better.
- ② My pain seems to be getting better but improvement is slow.
- ③ My pain is neither getting better or worse.
- ④ My pain is gradually worsening.
- ⑤ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Back
Index
Score

The Quebec Back Pain Disability Scale:

This questionnaire is about the way your back pain is affecting your daily life. People with back problems may find it difficult to perform some of their daily activities. We would like to know if you find it difficult to perform any of the activities listed below, because of your back. For each activity there is a scale of 0 to 5. Please choose one response option for each activity (do not skip any activities) and circle the corresponding number.

Today, do you find it difficult to perform the following activities because of your back?

	0. Not difficult at all	1. Minimally difficult	2. Somewhat difficult	3. Fairly difficult	4. Very difficult	5. Unable to do
1. Get out of bed	0	1	2	3	4	5
2. Sleep through the night						
3. Turn over in bed						
4. Ride in a car						
5. Stand up for 20-30 minutes						
6. Sit in a chair for several hours						
7. Climb one flight of stairs						
8. Walk a few blocks (300-400 m)						
9. Walk several kilometres						
10. Reach up to high shelves						
11. Throw a ball						
12. Run one block (about 100m)						
13. Take food out of the refrigerator						
14. Make your bed						
15. Put on socks (pantyhose)						
16. Bend over to clean the bathtub						
17. Move a chair						
18. Pull or push heavy doors						
19. Carry two bags of groceries						
20. Lift and carry a heavy suitcase						

Add the numbers for a total score: _____

Minimum detectable change (90% confidence) 15 points

Sources:

Kopec, JA, Esdaile, JM, Abrahamowicz, M., Abenhaim, L, Wood-Dauphinee, S, Lamping, DL & Williams JI. (1995). The Quebec Back Pain Disability Scale. *Spine*, 20(3): 341-352.

Davidson, M. & Keating, J.L. (2002). A comparison of five low back disability questionnaires: Reliability and responsiveness. *Physical Therapy*, 82(1): 8- 24.