

FUNCTIONAL SPINAL ASSESSMENT

Patient
Name: _____

Date: _____

PLEASE READ:

This questionnaire has been designed to give the doctor/therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the one box that applies to you. We realize you may consider that two of the statements in any one section relate to you, but mark the box which most clearly describes your problem. Thank-you!

SECTION 1: PAIN INTENSITY

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

SECTION 2: PERSONAL CARE (Washing, Dressing, etc)

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

SECTION 3: LIFTING

- _____ I can lift heavy weights without extra pain
 _____ I can lift heavy weights but it gives extra pain
 _____ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table
 _____ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently placed
 _____ I can lift only very light weights
 _____ I cannot lift or carry anything at all

SECTION 4: WALKING

- _____ Pain does not prevent me walking any distance
 _____ Pain prevents me walking more than 1 mile
 _____ Pain prevents me walking more than 1/2 mile
 _____ Pain prevents me walking more than 1/4 mile
 _____ I can only walk using a cane or crutches
 _____ I am in bed most of the time and have to crawl to the toilet

SECTION 5: SITTING

- _____ I can sit in any chair as long as I like
 _____ I can only sit in my favorite chair as long as I like
 _____ Pain prevents me from sitting more than 1 hour
 _____ Pain prevents me from sitting more than 1/2 hour
 _____ Pain prevents me from sitting more than 10 minutes
 _____ Pain prevents me from sitting at all

SECTION 6: STANDING

- _____ I can stand as long as I want without extra pain
 _____ I can stand as long as I want but it gives me extra pain
 _____ Pain prevents me from standing for more than 1 hour
 _____ Pain prevents me from standing for more than 30 minutes
 _____ Pain prevents me from standing for more than 10 minutes
 _____ Pain prevents me from standing at all

SECTION 7 - SLEEPING

- _____ Pain does not prevent me from sleeping well
 _____ I can sleep well only by using tablets
 _____ Even when I take pills, I have less than six (6) hours sleep
 _____ Even when I take pills, I have less than four (4) hours sleep
 _____ Even when I take pills, I have less than two (2) hours sleep
 _____ Pain prevents me from sleeping at all

SECTION 8: SEX LIFE

- _____ My sex life is normal and causes no extra pain.
 _____ My sex life is normal but causes some extra pain.
 _____ My sex life is nearly normal but is very painful.
 _____ My sex life is severely restricted by pain.
 _____ My sex life is nearly absent because of pain.
 _____ Pain prevents any sex life at all.

SECTION 9: SOCIAL LIFE

- _____ My social life is normal and give me no extra pain
 _____ My social life is normal but increases the degree of pain
 _____ Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
 _____ Pain has restricted my social life and I do not go out as often
 _____ Pain has restricted my social life to home
 _____ I have no social life because of the pain

SECTION 10: TRAVELING

- _____ I can travel anywhere without extra pain
 _____ I can travel anywhere but it gives me extra pain
 _____ Pain is bad, but I manage journeys over two (2) hours
 _____ Pain restricts me to journeys of less than (1) hour
 _____ Pain restricts me to short necessary journeys under 30 minutes
 _____ Pain prevents me from traveling except to the doctor or hospital