

%ADL

Patient's Name	Number	Date
LOW BACK DISABILITY QUESTIONNAIRE (RE This questionnaire has been designed to give the doctor information as t everyday life. Please answer every section and mark in each section that two of the statements in any one section relate to you, but please jue problem.	to how your back pain only ONE box which	has affected your ability to manage in applies to you. We realize you may conside
Can tolerate the pain without having to use painkillers. Can tolerate the pain without having to use painkillers. Can tolerate the pain without having to use painkillers. Can tolerate the pain without taking painkillers. Can tolerate relief from pain. Can tolerate give moderate relief from pain. Can tolerate give very little relief from pain. Can tolerate give years give yea	□ I can stand as lo □ Pain prevents m □ Pain does not pr □ I can sleep well o □ Even when I take □ Even when I take □ Even when I take □ Pain prevents m Section 8 - Social □ My social life is r □ My social life is r □ Pain has no sign limiting my more □ Pain has restrict □ I have no social Section 9 - Travel □ I can travel anyw □ I can travel anyw □ Pain is bad but I □ Pain restricts meminutes.	ng as I want without extra pain. ng as I want but it gives extra pain. e from standing more than 1 hour. e from standing more than 30 minutes. e from standing more than 10 minutes. e from standing at all. ng event me from sleeping well. only by using tablets. e tablets I have less than 6 hours sleep. e tablets I have less than 2 hours sleep. e tablets I have less than 2 hours sleep. e tablets I have less than 2 hours sleep. e trom sleeping at all. Life normal and gives me no extra pain. normal but increases the degree of pain. ifficant effect on my social life apart from energetic interests, e.g. dancing. ed my social life and I do not go out as often ed my social life to my home. life because of pain.
Section 5Sitting ☐ 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 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 almost all the time.	☐ My pain is rapidl☐ My pain fluctuate☐ My pain seems the present.	es but overall is definitely getting better. o be getting better but improvement is slow a er getting better nor worse. ally worsening.

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204