

Assessment of back pain in people who never had spine surgery

Please complete the survey below.

Thank you!

Age?

Sex?

- ☐ male
☐ female
☐ intersex
☐ prefer not to disclose

Height?

- ☐ Shorter than 4'0" (four feet) - Less than 121.92 cm
☐ 4'1" (four feet, one inch) - 124.46 cm
☐ 4'2" (four feet, two inches) - 126.99 cm
☐ 4'3" (four feet, three inches) - 129.54 cm
☐ 4'4" (four feet, four inches) - 132.08 cm
☐ 4'5" (four feet, five inches) - 134.62 cm
☐ 4'6" (four feet, six inches) - 137.16 cm
☐ 4'7" (four feet, seven inches) - 139.70 cm
☐ 4'8" (four feet, eight inches) - 142.24 cm
☐ 4'9" (four feet, nine inches) - 144.78 cm
☐ 4'10" (four feet, ten inches) - 147.32 cm
☐ 4'11" (four feet, eleven inches) - 149.86 cm
☐ 5'0" (five feet) - 152.40 cm
☐ 5'1" (five feet, one inch) - 154.94 cm
☐ 5'2" (five feet, two inches) - 157.48 cm
☐ 5'3" (five feet, three inches) - 160.02 cm
☐ 5'4" (five feet, four inches) - 162.56 cm
☐ 5'5" (five feet, five inches) - 165.10 cm
☐ 5'6" (five feet, six inches) - 167.64 cm
☐ 5'7" (five feet, seven inches) - 170.18 cm
☐ 5'8" (five feet, eight inches) - 172.72 cm
☐ 5'9" (five feet, nine inches) - 175.26 cm
☐ 5'10" (five feet, ten inches) - 177.80 cm
☐ 5'11" (five feet, eleven inches) - 180.34 cm
☐ 6'0" (six feet) - 182.88 cm
☐ 6'1" (six feet, one inch) - 185.42 cm
☐ 6'2" (six feet, two inches) - 187.96 cm
☐ 6'3" (six feet, three inches) - 190.50 cm
☐ 6'4" (six feet, four inches) - 193.04 cm
☐ 6'5" (six feet, five inches) - 195.58 cm
☐ 6'6" (six feet, six inches) - 198.12 cm
☐ 6'7" (six feet, seven inches) - 200.66 cm
☐ 6'8" (six feet, eight inches) - 203.20 cm
☐ 6'9" (six feet, nine inches) - 205.74 cm
☐ 6'10" (six feet, ten inches) - 208.28 cm
☐ 6'11" (six feet, eleven inches) - 210.82 cm
☐ 7'0" (seven feet) - 213.36 cm
☐ Taller than 7'0" (seven feet) - More than 213.36 cm

Weight?

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- ☐ 400 pounds

Zip code?

How physically demanding is your occupation?

- ☐ Not at all physically demanding
- ☐ Slightly physically demanding
- ☐ Moderately physically demanding
- ☐ Very physically demanding
- ☐ Extremely physically demanding

Have you ever experienced any low back pain? excluding pain related to (menstruation "monthly period", fever, cancer, medical conditions, or trauma)

- ☐ Yes
- ☐ No

How have you addressed/addressing this back pain?

- ☐ Pain medications
- ☐ Spinal injections
- ☐ Exercise
- ☐ Physical Therapy
- ☐ Chiropractor
- ☐ Other

Please specify

Instructions: this questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box which applies to you at this time. We realize you may consider 2 of the statements in any section may relate to you, but please mark the box which most closely describes your current condition.

PAIN INTENSITY

- ☐ I can tolerate the pain I 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

PERSONAL CARE (e.g. Washing, Dressing)

- ☐ 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 don't get dressed, I was with difficulty and stay in bed

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, i.e. on a table
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift very light weights
- ☐ I cannot lift or carry anything at all

WALKING

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me walking more than one mile
- ☐ Pain prevents me walking more than ½ mile
- ☐ Pain prevents me walking more than ¼ mile
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time and have to crawl to the toilet

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 one hour
- ☐ Pain prevents me from sitting more than ½ hour
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

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 one 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

SLEEPING

- ☐ Pain does not prevent me from sleeping well
- ☐ I can sleep well only by using medication
- ☐ Even when I take medication, I have less than 6 hrs sleep
- ☐ Even when I take medication, I have less than 4 hrs sleep
- ☐ Even when I take medication, I have less than 2 hrs sleep
- ☐ Pain prevents me from sleeping at all

SOCIAL LIFE

- ☐ My social life is normal and gives 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, i.e. dancing, etc.
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

TRAVELLING

- ☐ 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 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

EMPLOYMENT/ HOME MAKING

- ☐ My normal homemaking/ job activities do not cause pain.
- ☐ My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me.
- ☐ I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming)
- ☐ Pain prevents me from doing anything but light duties.
- ☐ Pain prevents me from doing even light duties.
- ☐ Pain prevents me from performing any job or homemaking chores.

Please read the following instructions carefully: This question is designed to check your attention. Please check exactly four out of the six boxes below to show that you are paying attention. Failing to do this correctly will indicate that your responses may not be reliable.

- ☐ Choice 1
- ☐ Choice 2
- ☐ Choice 3
- ☐ Choice 4
- ☐ Choice 5
- ☐ Choice 6