

## BACK PAIN DISABILITY INDEX QUESTIONNAIRE

Please Read: This questionnaire is designed to enable us to understand how much your back pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE, JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

### Section 1 - Pain Intensity

- A. I have no pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is worst imaginable at this moment.

### Section 6 - Concentration

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

### Section 2 - Personal Care (Washing, Dressing, etc.)

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

### Section 7 - Work

- A. I can do as much work as I want to.
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

### Section 3 - Lifting

- A. I can lift heavy weights, without extra pain.
- B. I can lift heavy weights, but it gives extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

### Section 8 - Driving

- A. I can drive my car without any back pain.
- B. I can drive my car as long as I want with slight pain in my back.
- C. I can drive my car as long as I want with moderate pain in my back.
- D. I cannot drive my car as long as I want because of moderate pain in my back.
- E. I can hardly drive at all because of severe pain in my back.
- F. I cannot drive my car at all.

### Section 4 - Reading

- A. I can read as much as I want to with no pain in my back.
- B. I can read as much as I want to with slight pain in my back.
- C. I can read as much as I want to with moderate pain in my back.
- D. I cannot read as much as I want because of moderate pain in my back.
- E. I cannot read as much as I want because of severe pain in my back.
- F. I cannot read at all.

### Section 9 - Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

### Section - 5 Headaches

- A. I have no headache at all.
- B. I have a slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches all the time.

### Section 10 - Recreation

- A. I am able to engage in all my recreational activities, with no back pain at all.
- B. I am able to engage in all my recreational activities, with some pain in my back.
- C. I am able to engage in most, but not all of my usual recreational activities because of pain in my back.
- D. I am able to engage in a few of my usual recreational activities because of pain in my back.
- E. I can hardly do any recreational activities because of pain in my back.
- F. I cannot do any recreational activities at all.

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Comments: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_