Pain Questionnaire

Please complete all fields, save this file, and email it back to us — or print and bring it to your visit.

Patient Name

Date

When your back or leg hurts, you may find it difficult to do some of the things you normally do. Please check each statement below only if it describes you TODAY.

- ☐ 1. I stay at home most of the time because of my back/leg pain.
- ☐ 2. I change position frequently to try to get my back/leg comfortable.
- ☐ 3. I walk more slowly than usual because of my back/leg pain.
- ☐ 4. Because of my back/leg pain, I am not doing any of the jobs that I usually do around the house.
- ☐ 5. Because of my back/leg pain, I use a handrail to get upstairs.
- ☐ 6. Because of my back/leg pain, I lie down to rest more often.
- ☐ 7. Because of my back/leg pain, I have to hold onto something to get out of an easy chair.
- ☐ 8. Because of my back/leg pain, I try to get other people to do things for me.
- ☐ 9. I get dressed more slowly than usual because of my back/leg pain.
- ☐ 10. I only stand up for short periods of time because of my back/leg pain.
- ☐ 11. Because of my back/leg pain, I try not to bend or kneel down.
- ☐ 12. I find it difficult to get out of a chair because of my back/leg pain.
- ☐ 13. My back/leg is painful almost all the time.
- ☐ 14. I find it difficult to turn over in bed because of my back/leg pain.
- ☐ 15. My appetite is not very good because of my back/leg pain.
- ☐ 16. I have trouble putting on my socks (or stockings) because of my back/leg pain.
- ☐ 17. I only walk short distances because of my back/leg pain.
- ☐ 18. I sleep less well because of my back/leg pain.
- ☐ 19. Because of my back/leg pain, I get dressed with help from someone else.
- ☐ 20. I sit down for most of the day because of my back/leg pain.
- ☐ 21. I avoid heavy jobs around the house because of my back/leg pain.
- ☐ 22. Because of my back/leg pain, I am more irritable and bad-tempered with people than usual.
- ☐ 23. Because of my back/leg pain, I go upstairs more slowly than usual.
- ☐ 24. I stay in bed most of the time because of my back/leg pain.

TOTAL SCORE

Total number checked (0-24)

Patient Signature (type full name)

Date