

Discharge low back pain questionnaires:

Code: To be entered by local physiotherapist _____

Name:

Date:

Current Medications (Types and dosage/number):

Pain Scale:

This question assesses the severity of any pain you might be experiencing with your back problem.

Please answer each of the questions below by **circling** the appropriate number on the scale

0 IS EQUAL TO NO PAIN AT ALL, AND 10 IS EQUAL TO PAIN AS BAD AS YOU CAN IMAGINE.

Please rate your **back** pain by circling the one number that best describes your pain **on average** in the **last week**?

0 1 2 3 4 5 6 7 8 9 10
no pain *pain as bad as
you can imagine*

ODI:

This questionnaire is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life. Please answer every section. Tick (✓) one box only in each section that most closely describes you today.

Section 1 - Pain intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

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 is very painful.
- 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 to medium weights if they are conveniently positioned.
- 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 one mile.
- Pain prevents me walking more than a quarter of a mile.
- Pain prevents me walking more than 100 yards.
- I can only walk using a stick 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 sit in my favourite chair as long as I like.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than half an hour.
- Pain prevents me from sitting for 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 half an hour.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 – Sleeping

- My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours sleep.
- Because of pain I have less than 4 hours sleep.
- Because of pain I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

Section 8 - Sex life (if applicable)

- 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 causes 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. sport, etc.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted social life to my home.
- I have no social life because of pain.

Section 10 – Travelling

- I can travel anywhere without pain.
- I can travel anywhere but it gives extra pain.
- Pain is bad but I manage journeys over two hours.
- Pain restricts me to journeys of less than one hour.
- Pain restricts me to short necessary journeys under 30 minutes.

Orebro:

Question	
1.	How long have you had your current pain problem? Tick (✓) one. <input type="checkbox"/> 0-1 weeks (1) <input type="checkbox"/> 1-2 weeks (2) <input type="checkbox"/> 3-4 weeks (3) <input type="checkbox"/> 4-5 weeks (4) <input type="checkbox"/> 6-8 weeks (5) <input type="checkbox"/> 9-11 weeks (6) <input type="checkbox"/> 3-6 months (7) <input type="checkbox"/> 6-9 months (8) <input type="checkbox"/> 9-12 months (9) <input type="checkbox"/> over 1 year (10)
2.	How would you rate the pain that you have had during the past week? Circle one. 0 1 2 3 4 5 6 7 8 9 10 No pain Pain as bad as it could be
3.	Circle the number that best describes your current ability to do light work for an hour. 0 1 2 3 4 5 6 7 8 9 10 Can't do it because of pain problem Can do it without pain being a problem
4.	Circle the number that best describes your current ability to sleep at night. 0 1 2 3 4 5 6 7 8 9 10 Can't do it because of pain problem Can do it without pain being a problem
5.	How tense or anxious have you felt in the past week? Circle one. 0 1 2 3 4 5 6 7 8 9 10 Absolutely calm and relaxed As tense and anxious as I've ever felt
6.	How much have you been bothered by feeling depressed in the past week? Circle one. 0 1 2 3 4 5 6 7 8 9 10 Not at all Extremely
7.	In your view, how large is the risk that your current pain may become persistent? Circle one. 0 1 2 3 4 5 6 7 8 9 10 No risk Very large risk
8.	In your estimation, what are the chances that you will be able to work in 3 months? Circle one. 0 1 2 3 4 5 6 7 8 9 10 No chance Very large chance
9.	An increase in pain is an indication that I should stop what I'm doing until the pain decreases. 0 1 2 3 4 5 6 7 8 9 10 Completely disagree Completely agree
10	I should not do my normal work with my present pain. 0 1 2 3 4 5 6 7 8 9 10 Completely disagree Completely agree

NMQ12:

Have you at any time during the **past month** had trouble (ache, pain, discomfort, numbness, tingling etc...) in any of the following body regions which affected your normal activity or changed your daily routine for more than one day? Please circle all that apply. If no trouble, circle none.

- Neck
- Lower back
- Upper back
- One or both shoulders
- One or both elbows
- One or both wrists/hands
- One or both hips/thighs
- One or both knees
- One or both ankles/feet
- None

SHC:

The following are some common health problems and complaints. Please **circle one** number from 0 to 3 to report what extent you have been affected by each problem **during the last month**.

	Not at all	A Little	Some	Severe
Palpitations/extra heartbeats	0	1	2	3
Chest pain	0	1	2	3
Breathing difficulties	0	1	2	3
Heartburn	0	1	2	3
Stomach discomfort	0	1	2	3
Diarrhoea	0	1	2	3
Constipation	0	1	2	3
Eczema	0	1	2	3
Tiredness	0	1	2	3
Dizziness	0	1	2	3
Anxiety	0	1	2	3
Sadness / depression	0	1	2	3
Sleep problems	0	1	2	3

FABQ: Here are some of the things which other patients have told us about their pain. For each statement please **circle one number** from 0 to 6 to say how much physical activities (such as bending, lifting, walking or driving) affect or would affect **your** back pain.

	Completely disagree				Unsure			Completely agree
1. Physical activity makes my pain worse.....	0	1	2	3	4	5	6	
2. Physical activity might harm my back.....	0	1	2	3	4	5	6	
3. I should not do physical activities which (might)... make my pain worse	0	1	2	3	4	5	6	
4. I cannot do physical activities which (might) make .. my pain worse	0	1	2	3	4	5	6	

CSQ:

Below is a list of things that people have reported doing when they feel pain. To indicate your answer for each activity, circle one of the numbers on the scale under each item, where 0= never do that, 3=sometimes do that and 6=always do that.

- When I feel pain, I tell myself I can't let the pain stand in the way of what I have to do.

0	1	2	3	4	5	6
<i>Never do</i>			<i>sometimes</i>			<i>always</i>
<i>that</i>			<i>do that</i>			<i>do that</i>

- When I feel pain, no matter how bad it gets, I know I can handle it.

0	1	2	3	4	5	6
<i>Never do</i>			<i>sometimes</i>			<i>always</i>
<i>that</i>			<i>do that</i>			<i>do that</i>

3. When I feel pain, I see it as a challenge and don't let it bother me.

0	1	2	3	4	5	6
<i>Never do</i>			<i>sometimes</i>			<i>always</i>
<i>that</i>			<i>do that</i>			<i>do that</i>

4. When I feel pain, although it hurts, I just keep on going.

0	1	2	3	4	5	6
<i>Never do</i>			<i>sometimes</i>			<i>always</i>
<i>that</i>			<i>do that</i>			<i>do that</i>

5. When I feel pain, I just go on as if nothing happened.

0	1	2	3	4	5	6
<i>Never do</i>			<i>sometimes</i>			<i>always</i>
<i>that</i>			<i>do that</i>			<i>do that</i>

SCI:

This questionnaire is designed to give us information about your occupation, income, education and health.

Tick (✓) one box only in each section.

Education:

< 10 years 10-12 years 13-15 years >15 years

Employment status:

_Unemployed* Part- time job Full-time job

***The unemployed group included homemakers, students, retired, and women with a disability pension.**

Annual household income (pre-tax):

<€12,500 €12,500 – 37,500 €37,501-62,500 >€62,500

Ability to pay bills:

Never problems Problems

Self-perceived health:

Very poor Poor moderate Good Very good

Satisfaction with number of close friends:

Satisfied with number of close friends Not satisfied with number of close friends

PSEO:

Please rate how **confident** you are that you can do the following things at present, **despite the pain**. To indicate your answer **circle one of the numbers** on the scale under each item, where **0 = not at all confident** and **6 = completely confident**. Remember, this questionnaire is **not** asking whether or not you have been doing these things, but rather **how confident you are that you can do them at present, despite the pain**.

1. I can enjoy things, despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

2. I can do most of the household chores (e.g. tidying-up, washing dishes) despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

3. I can socialise with my friends or family members as often as I used to do, despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

4. I can cope with my pain in most situations.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

5. I can do some form of work, despite the pain. ("work" includes housework, paid and unpaid work).

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

7. I can cope with my pain without medication.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

8. I can still accomplish most of my goals in life, despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

9. I can live a normal lifestyle, despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

10. I can gradually become more active, despite the pain.

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6
Not at all _____ *completely*
confident _____ *confident*

S-DASS21:

Please read each statement and indicate how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. *The rating scale is as follows:*

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree, or a good part of time

3 Applied to me very much, or most of the time

I found it hard to wind down	0	1	2	3
I tended to over-react to situations	0	1	2	3
I felt that I was using a lot of nervous energy	0	1	2	3
I found myself getting agitated	0	1	2	3
I found it difficult to relax	0	1	2	3
I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
I felt that I was rather touchy	0	1	2	3

Satisfaction:

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
The care that I have been receiving here is just about perfect	1	2	3	4	5