

Patient Name: _____ Date: _____

This questionnaire is designed to help understand how much your low back has affected your ability to manage everyday activities. Please answer each Section by marking 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 mark the one choice which closely describes your problem *right now***.

Pain Intensity

- The pain is mild and comes and goes.
- The pain is mild and does not vary much.
- The pain is moderate and comes and goes.
- The pain is moderate and does not vary much.
- The pain is severe and comes and goes.
- The pain is severe and does not vary much.

Personal Care (Washing, Dressing, etc.)

- I do not have to change the way I wash and dress myself to avoid pain.
- I do not normally change the way I wash or dress myself even though it causes some pain.
- Washing and dressing increases my pain, but I can do it without changing my way of doing it.
- Washing and dressing increases my pain and I find it necessary to change the way I do it.
- Because of my pain I am partially unable to wash and dress without help.
- Because of my pain I am completely unable to wash or dress without help.

Lifting

- I can lift heavy weights without increased pain.
- I can lift heavy weights but it causes increased pain.
- Pain prevents me from lifting heavy weights off of the floor, but I can manage if they are conveniently positioned (ex. on a table, etc.).
- Pain prevents me from lifting heavy weights off of the floor, 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.

Walking

- I have no pain when walking.
- I have pain when walking, but I can still walk my required normal distances.
- Pain prevents me from walking long distances.
- Pain prevents me from walking intermediate distances.
- Pain prevents me from walking even short distances.
- Pain prevents me from walking at all.

Sitting

- Sitting does not cause me any pain.
- I can only sit as long as I like providing that I have my choice of seating surfaces.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 1/2 hour.
- Pain prevents me from sitting for more than 10 minutes.
- Pain prevents me from sitting at all.

Standing

- I can stand as long as I want without increased pain.
- I can stand as long as I want but my pain increases with time.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than 1/2 hour.
- Pain prevents me from standing more than 10 minutes.
- I avoid standing because it increases my pain right away.

Sleeping

- I get no pain when I am in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of my pain, my sleep is only 3/4 of my normal amount.
- Because of my pain, my sleep is only 1/2 of my normal amount.
- Because of my pain, my sleep is only 1/4 of my normal amount.
- Pain prevents me from sleeping at all.

Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but it increases my level of pain.
- Pain prevents me from participating in more energetic activities (ex. sports, dancing, etc.)
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home
- I have hardly any social life because of my pain.

Traveling

- I get no increased pain when traveling.
- I get some pain while traveling, but none of my usual forms of travel make it any worse.
- I get increased pain while traveling, but it does not cause me to seek alternative forms of travel.
- I get increased pain while traveling which causes me to seek alternative forms of travel.
- My pain restricts all forms of travel except that which is done while I am lying down.
- My pain restricts all forms of travel.

Employment/Homemaking

- My normal job/homemaking activities do not cause pain.
- My normal job/homemaking activities increase my pain, but I can still perform all that is required of me
- I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities (ex. 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.

MODIFIED OSWESTRY DISABILITY INDEX SCORE: _____% (2 X (n) = %)

The Lumbar Functional Status 10-Item Short Form

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The following assessment will ask you about difficulties you may have with certain activities. It is an important part of your evaluation. It will help us:

- understand how your condition is affecting your activities, and
- develop treatment goals with you.

Please answer the questions with respect to the problem for which we are seeing you. Respond based on how you have been over the past few days.

Activities	Unable to perform activity	Extreme Difficulty	Quite a Bit of Difficulty	Moderate Difficulty	A little Bit of Difficulty	No Difficulty
Any of your usual work, housework, or school activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
Your usual hobbies, recreational, or sporting activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
Performing heavy activities around your home	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
Bending or stooping	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
Lifting a box of groceries from the floor	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	Yes, limited a lot	Yes, limited a little	No, not limited at all			
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>			
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>			
Lifting or carrying groceries	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>			
Attending social or cultural events	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>			
Getting in and out of your chair	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>			

The Lumbar Functional Status 10-Item Short Form Scoring Algorithm

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The patient answers all items. The clinician or staff sums all responses. All questions need to be answered. Sum should range between 10 and 45. Find the sum in the left column and select the functional status measure in the right column.

Sum	FS Measure
10	0
11	10
12	16
13	19
14	24
15	25
16	28
17	31
18	32
19	34
20	36
21	38
22	39
23	41
24	43
25	45
26	46
27	48

28	50
29	51
30	53
31	55
32	56
33	58
34	60
35	62
36	64
37	66
38	69
39	71
40	74
41	78
42	81
43	84
44	90
45	100

More about the Low Back Functional Status 10-Item Short Form

Adapted from Stratford PW, Binkley JM, Riddle DL. Development and initial validation of the Back Pain Functional Scale. *Spine* 2000;25:2095-2102, Ware JE, Snerbourne CD. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Med Care* 1992;30:473-483, Hart DL, Mioduski JE, Werneke MW, Stratford PW. Simulated computerized adaptive test for patients with lumbar spine impairments was efficient and produced valid measures of function. *J Clin Epidemiol* 2006;59:947-956, and Hart DL, Werneke MW, Wang YC, Stratford PW, Mioduski JE. Computerized adaptive test for patients with lumbar spine impairments produced valid and sensitive measures of function. *Spine*. 2010;35:2157-2164.

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