

BACK FUNCTIONAL INDEX

Name: _____ Date: _____ Score: _____ /50 _____ %

PLEASE READ This questionnaire has been designed to give your therapist information as to how your back pain has affected your ability to manage in everyday life. Please answer every section and mark in each section only the box that applies to you. We realize you may consider that two of the statements in any one section relate to you, but mark the box that most clearly describes your problem.

Section 1: 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

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 causes me 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 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 me 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 weights if they are conveniently placed
- I can only lift 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 1 mile
- Pain prevents me walking more than ½ mile
- Pain prevents me walking more than ¼ mile
- I can only walk using a cane or crutches
- I am in bed most of the time and I have to crawl to the toilet

Section 5: 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 sitting more than 1 hour
- Pain prevents me sitting more than ½ hour
- Pain prevents me sitting 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 more than 1 hour
- Pain prevents me from standing more than 30 minutes
- Pain prevents me from standing more than 10 minutes
- Pain prevents me from standing at all

Section 7: Sleeping

- Pain does not prevent me from sleeping well
- I can sleep well only by using tablets
- Even when I take pills, I have less than six hours of sleep
- Even when I take pills, I have less than four hours of sleep
- Even when I take pills, I have less than two hours of 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 and 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 gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant impact on my social life apart from limiting my more energetic interests, e.g. 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 my pain

Section 10: Traveling

- I can travel anywhere without extra pain
- I can travel anywhere but it gives me extra pain
- Pain is bad but I can 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