

Trenton Chiropractic  
Low Back Disability Index

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

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| <p>Section 1 – Pain Intensity</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The pain comes and goes and is very mild</li> <li><input type="checkbox"/> The pain is mild and does not vary much</li> <li><input type="checkbox"/> The pain comes and goes and is moderate</li> <li><input type="checkbox"/> The pain is moderate and does not vary much</li> <li><input type="checkbox"/> The pain comes and goes and is severe</li> <li><input type="checkbox"/> The pain is severe and does not vary much</li> </ul>   | <p>Section 6 – Standing</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can stand as long as I want without pain</li> <li><input type="checkbox"/> I have some pain on standing but it does not increase with time</li> <li><input type="checkbox"/> I cannot stand for longer than 1 hour without increasing pain</li> <li><input type="checkbox"/> I cannot stand for longer than ½ hour without increasing pain</li> <li><input type="checkbox"/> I cannot stand for longer than 10 minutes without increasing pain</li> <li><input type="checkbox"/> I avoid standing because it increases the pain immediately</li> </ul>                                       |
| <p>Section 2 – Personal Care (washing, dressing etc)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can look after myself normally without causing extra pain</li> <li><input type="checkbox"/> I can look after myself normally but it causes extra pain</li> <li><input type="checkbox"/> It is painful to look after myself and I am slow and careful</li> <li><input type="checkbox"/> I need some help but manage most of my personal care</li> <li><input type="checkbox"/> I need help every day in most aspects of self care</li> <li><input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed</li> </ul>   | <p>Section 7 – Sleeping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I get no pain in bed</li> <li><input type="checkbox"/> I get pain in bed but it does not prevent me from sleeping well</li> <li><input type="checkbox"/> Because of pain my normal nights sleep is reduced by less than 1/4</li> <li><input type="checkbox"/> Because of pain my normal nights sleep is reduced by less than 1/2</li> <li><input type="checkbox"/> Because of pain my normal nights sleep is reduced by less than 3/4</li> <li><input type="checkbox"/> Pain prevents me from sleeping at all</li> </ul>   |
| <p>Section 3 – Lifting</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can lift heavy weights without extra pain</li> <li><input type="checkbox"/> I can lift heavy weights but it gives extra pain</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table</li> <li><input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned</li> <li><input type="checkbox"/> I can lift very light weights</li> <li><input type="checkbox"/> I cannot lift or carry anything at all</li> </ul> | <p>Section 8 – Social Life</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My social life is normal and gives me no pain</li> <li><input type="checkbox"/> My social life is normal but increases the degree of pain</li> <li><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing</li> <li><input type="checkbox"/> Pain has restricted my social life and I do not go out very often</li> <li><input type="checkbox"/> Pain has restricted my social life to my home</li> <li><input type="checkbox"/> I have hardly any social life because of the pain</li> </ul>              |
| <p>Section 4 - Walking</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have no pain walking</li> <li><input type="checkbox"/> I have some pain on walking but it does not increase with distance</li> <li><input type="checkbox"/> I cannot walk more than one mile without increasing pain</li> <li><input type="checkbox"/> I cannot walk more than ½ mile with increasing pain</li> <li><input type="checkbox"/> I cannot walk more than ¼ mile without increasing pain</li> <li><input type="checkbox"/> I cannot walk at all without increasing pain</li> </ul>  | <p>Section 9 – Traveling</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I get no pain when traveling</li> <li><input type="checkbox"/> I get some pain when traveling but non of my usual forms of travel make it any worse</li> <li><input type="checkbox"/> I get extra pain while traveling but it does not compel me to seek alternative forms of travel</li> <li><input type="checkbox"/> I get extra pain while traveling which compels me to seek alternative forms of travel</li> <li><input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes</li> <li><input type="checkbox"/> Pain restricts all forms of travel</li> </ul> |
| <p>Section 5 – Sitting</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can sit in any chair as long as I like</li> <li><input type="checkbox"/> I can sit only in my favorite chair as long as I like</li> <li><input type="checkbox"/> Pain prevents me sitting more than 1 hour</li> <li><input type="checkbox"/> I Pain prevents me from sitting more than ½ hour</li> <li><input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes</li> <li><input type="checkbox"/> I avoid sitting because it increases pain immediately</li> </ul>  | <p>Section 10 – Changing Degree of Pain</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> My pain is rapidly getting better</li> <li><input type="checkbox"/> My pain fluctuates but overall is definitely getting better</li> <li><input type="checkbox"/> My pain seems to be getting better but improvement is slow</li> <li><input type="checkbox"/> My pain is neither getting better nor worse</li> <li><input type="checkbox"/> My pain is gradually worsening</li> <li><input type="checkbox"/> My pain is rapidly worsening</li> </ul>  |