ACTIV Physical Therapy
3807 Brecksville Road
Richfield, OH 44286

BACK INDEX

Patient Name: _____ Date: _____

Please answer every question and total scores at the bottom of the page. When in doubt, rate your symptoms at their worst.

Pain Intensity	Standing
☐ 0 = The pain comes and goes and is very mild	☐ 0 = I can stand as long as I want without pain
☐ 1 = The pain is mild and does not vary much	☐ 1 = I have pain while standing but it doesn't increase with time
☐ 2 = The pain comes and goes and is moderate	☐ 2 = I cannot stand for longer than 1 hour w/o increasing pain
☐ 3 = The pain is moderate and does not vary much	☐ 3 = I cannot stand for longer than 1/2 hour w/o increasing pain
☐ 4 = The pain comes and goes and is very severe	☐ 4 = I can't stand for longer than 10 minutes w/o increasing pain
☐ 5 = The pain is very severe and does not vary much	☐ 5 = I avoid standing because it increases pain immediately

Chaning Degree of Pain	Traveling
☐ 0 = My pain is rapidly getting better	☐ 0 = I get no pain while travling
☐ 1 = My pain fluctuates but overall is getting better	☐ 1 = I get pain traveling but usual forms don't make it worse
☐ 2 = My pain seems to be getting better but it's slow	☐ 2 = I get pain while travling but I don't seek alternative forms
☐ 3 = My pain is neither getting better nor worse	☐ 3 = I get pain traveling which causes me to see other forms
☐ 4 = My pain is gradually worsening	☐ 4 = Pain restricts all forms of travel except those lying down
☐ 5 = My pain is rapidly worsening	☐ 5 = Pain restricts all forms of travel

Personal Care	Lifting
☐ 0 = I do not have to change my way of wasing and dressing to avoid pain	☐ 0 = I can lift heavy weights without extra pain
☐ 1 = I don't normally change my way of washing or dressing even though it causes pain	☐ 1 = I can lift heavy weights but it causes extra pain
☐ 2 = Wash/Dressing increases the pain but I manage to not change my way of doing it	☐ 2 = Pain prevents me from lifting heavy weights off the floor
☐ 3 = Wash/Drying increases the pain and I find it necessary to change my way	☐ 3 = I can only lift heavy weights if conveniently placed
☐ 4 = Because of the pain I am unable to do some wash/dressing without help	☐ 4 = I can only lift medium weights if conveniently placed
☐ 5 = Because of the pain I am unable to do any wash/dressing without help	☐ 5 = I can only lift very light weights

Social Life	Sleeping
☐ 0 = My social life is normal and gives me no exta pain	☐ 0 = I get no pain in bed
☐ 1 = My social life is normal but increases my degree of pain	☐ 1 = I get pain in bed but can still sleep well
☐ 2 = Pain has no affect except for more energetic activities	☐ 2 = Because of my pain my normal sleep is reduced by <25%
☐ 3 = Pain has restricted my social life and I don't go out often	☐ 3 = Because of my pain my normal sleep is reduced by <50%
☐ 4 = Pain has restricted my social life to my home	☐ 4 = Because of my pain my normal sleep is reduced by <75%
☐ 5 = I have hardly any social life because of my pain	☐ 5 = Pain prevents me from sleeping at all

Sitting	Walking
☐ 0 = I can sit in any chair as long as I like	☐ 0 = I have no pain while walking
☐ 1 = I can sit only in my favorite chair as long as I like	☐ 1 = I have pain walking but it doesn't increase with distance
☐ 2 = Pain prevents me from sitting for more than 1 hour	☐ 2 = I can't walk more than 1 mile w/o increasing pain
☐ 3 = Pain prevents me from sitting for more than 1/2 hour	☐ 3 = I can't walk more than 1/2 mile w/o increasing pain
☐ 4 = Pain prevents me from sitting for more than 10 minutes	☐ 4 = I can't walk more than 1/4 mile w/o increasing pain
☐ 5 = I avoid sitting because it causes immediate pain	☐ 5 = I can't walk at all w/o increasing pain

SCORE = SUM OF RESPONSES _____ X 2 = _____ % DISABILITY

Overall, how would you rate the function of your back on a scale of 0 to 10 with 10 being normal, excellent function and 0 being the inability to perform any of your usual daily activites which may include sports?

CURRENT FUNCTION OF YOUR BACK

CANNOT PERFORM DAILY ACTIVITIES NO LIMITATION

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐