

BACK PAIN – Initial Visit

Name: _____ Date: _____

Please rate your pain level with activity, 0 being no pain and 10 being severe pain: _____

This survey is meant to help us obtain information regarding your current levels of discomfort and capability. Please select the answers below that best apply.

1. Pain Intensity

- (1) I can tolerate the pain I have without having to use pain medication.
- (2) The pain is bad, but I can manage without having to take pain medication.
- (3) Pain medication provides me with complete relief from pain.
- (4) Pain medication provides me with moderate relief from pain.
- (5) Pain medication provides me with little relief from pain.
- (6) Pain medication has no effect on my pain.

2. Personal Care (washing, dressing, etc.)

- (1) I can take care of myself normally without causing increased pain.
- (2) I can take care of myself normally, but it increases my pain.
- (3) It is painful to take care of myself, and I am slow and careful.
- (4) I need help, but I am able to manage most of my personal care.
- (5) I need help every day in most aspects of my care.
- (6) I do not get dressed, wash with difficulty, and stay in bed.

3. Lifting

- (1) I can lift heavy weights without increased pain.
- (2) I can lift heavy weights, but it causes increased pain.
- (3) Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (eg, on a table).
- (4) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- (5) I can lift only very light weights.
- (6) I cannot lift or carry anything at all.

4. Walking

- (1) Pain does not prevent me from walking any distance.
- (2) Pain prevents me from walking more than 1 mile.
- (3) Pain prevents me from walking more than 1/2 mile.
- (4) Pain prevents me from walking more than 1/4 mile.
- (5) I can only walk with crutches or a cane.
- (6) I am in bed most of the time and have to crawl to the toilet.

5. Sitting

- (1) I can sit in any chair as long as I like.
- (2) I can only sit in my favorite chair as long as I like.
- (3) Pain prevents me from sitting more than 1 hour.
- (4) Pain prevents me from sitting more than 1/2 hour.
- (5) Pain prevents me from sitting more than 10 minutes.
- (6) Pain prevents me from sitting at all.

6. Standing

- (1) I can stand as long as I want without increased pain.
- (2) I can stand as long as I want but, it increases my pain.
- (3) Pain prevents me from standing more than 1 hour.
- (4) Pain prevents me from standing more than 1/2 hour.
- (5) Pain prevents me from standing more than 10 minutes.
- (6) Pain prevents me from standing at all.

7. Sleeping

- (1) Pain does not prevent me from sleeping well.
- (2) I can sleep well only by using pain medication.
- (3) Even when I take pain medication, I sleep less than 6 hours.
- (4) Even when I take pain medication, I sleep less than 4 hours.
- (5) Even when I take pain medication, I sleep less than 2 hours.
- (6) Pain prevents me from sleeping at all.

8. Social Life

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

9. Traveling

- (1) I can travel anywhere without increased pain.
- (2) I can travel anywhere, but it increases my pain.
- (3) My pain restricts my travel over 2 hours.
- (4) My pain restricts my travel over 1 hour.
- (5) My pain restricts my travel to short necessary journeys under 1/2 hour.
- (6) My pain prevents all travel except for visits to the physician/therapist or hospital.

10. Employment / Homemaking

- (1) Normal homemaking/job activities do not cause pain.
- (2) Normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- (3) I can perform most homemaking/job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming).
- (4) Pain prevents me from doing anything but light duties.
- (5) Pain prevents me from doing even light duties.
- (6) Pain prevents me from performing any job or homemaking chores.

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Therapist Use Only		
Comorbidities:	<input type="checkbox"/> Cancer	<input type="checkbox"/> Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI)
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity
	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Surgery for this Problem
	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)
	<input type="checkbox"/> Multiple Treatment Areas	
		ICD9 Code: _____