

BACK PAIN QUESTIONNAIRE

1. How long have you had the pain in your back? Has it become better, worse, or stayed the same since it started?

2. Where is your pain?

a. Above or below your waist?

b. Right or left side or both?

c. Does it spread to your legs?

If yes:

a. Right or left leg or both?

b. Does it spread past your knee?

c. Does it go down to your toes?

3. What makes it better? What makes it worse?

4. If it has gotten worse, in what way?

a. Stronger pain?

b. Different kind of pain?

c. Comes on more easily than before?

d. Has it worsened gradually or suddenly?

e. Did you do anything physically stressful or were you exposed to any emotional stress before it got worse?

5. Do you have any tingling (pins and needles) or numbness (like a part of your body is asleep)?

Where?

6. Do you often feel that you hurt all over?

7. Which treatments are you interested in learning about for your back pain?

a. Pain pills, including opioids (e.g., oxycodone, morphine)

b. Pain pills, but not opioids

c. Shots

d. Physical therapy or chiropractic

e. Alternative treatments like Tai Chi and Yoga

f. Massage

g. Acupuncture

h. Surgery

i. Ways to help manage my stress and/or mood

j. Something else: _____

8. Do you have pain in one or both of your hips?

9. Over the past 2 weeks, how often have you been bothered by:

a. feeling nervous, anxious or on edge?

i. Not at all

ii. Several days

iii. More than half the days

iv. Nearly every day

b. being unable to stop or control worrying?

- i. Not at all
- ii. Several days
- iii. More than half the days
- iv. Nearly every day

10. Do you feel that you get good quality sleep?

11. Do you agree with the following statements?

- a. I feel that my back pain is terrible and it's never going to get any better.
- b. It is not really safe for a person with my back problem to be physically active.

12. Over the past 2 weeks, how often have you been bothered by:

a. Little interest or pleasure in doing things?

- i. Not at all
- ii. Several days
- iii. More than half the days
- iv. Nearly every day

b. Feeling down, depressed, or hopeless?

- i. Not at all
- ii. Several days
- iii. More than half the days
- iv. Nearly every day

13. How confident are you that:

- a. You can do some form of work (e.g., housework, paid/unpaid work) despite the pain?
- b. You can live a normal lifestyle despite the pain?

Rate each question from 0=not confident at all to 6=completely confident.

14. Do you have discomfort or weakness in your buttocks or legs:
- a. when you stand or walk? AND
 - b. that goes away when you sit down and rest?
15. How often do you get some exercise? What do you do?
16. How would you rate your support from others? Consider these questions...
- a. How often do you talk/text/visit with friends and family?
 - b. Do you see and talk to friends and family as much as you would like?
 - c. How easy is it to get help from friends and family if you need it?
17. Have you, or someone close to you noticed changes in your memory?
18. Do you live with someone or have someone close to you with whom you have regular contact? Someone with whom you can discuss your back pain?