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?

   Potential meaning of answers: If pain has stayed the same or gotten better, and the person has improved with prior treatment, and is looking to become pain-free, this is an opportunity for education. If the pain has worsened, ask in what way it has gotten worse – interfering with life more, intensity greater? If greater interference but not much change in pain intensity, educate patient about need to figure out what else is going on that is making pain interfere more.

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?

   Potential meaning of answers: Pain radiating down leg does not necessarily mean radiculopathy or intermittent neurogenic claudication (symptoms associated with spinal stenosis). It could mean myofascial pain, hip OA or vascular claudication. History and further evaluation can help to sort this out. Note that neurogenic claudication can be unilateral or bilateral.

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

   Potential meaning of answers: Typically lying down will alleviate back pain that is caused by degenerative arthritis. If the pain worsens with side-lying, this may be an indication of sacroiliac joint pain. If the pain is made worse by standing or walking AND there is pain, discomfort or weakness in the legs that is relieved by sitting (neurogenic claudication), this may be an indication of spinal stenosis. If the pain gets better with heat (bath, shower, hot tub) and worse with cold, it may be related to myofascial pain.

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?

Potential meaning of answers: If the pain has suddenly gotten worse, or it feels different than it usually does (for example, it was an aching pain and now it is a sharp, stabbing pain that awakens patient from your sleep), consider getting imaging.

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

   Potential meaning of answers: If the patient has tingling or numbness in their legs and feet, this may be neuropathic. Or, it could be myofascial. Treating these symptoms is not an emergency. *If the patient has numbness or tingling of their inner thighs, genital area, and buttocks, and they have lost control of their bowels and/or bladder (i.e., possible cauda equina syndrome), OR if they have leg numbness/tingling or leg weakness that is getting worse, get an emergent lumbar MRI.*

6. Do you often feel that you hurt all over?
   Potential meaning of answers: If the patient does feel that they often have pain all over, this could be an indication of fibromyalgia. If this is the case, have them complete the Fibromyalgia Survey Questionnaire (**link here**).

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: _____

   Potential meaning of answers: The patient's answers may give you insight into the extent to which they are willing to be an active participant in their treatment. If they are only interested in passive pain management strategies (e.g., pills, shots, acupuncture), take the opportunity to educate them about the importance of active management. Research has shown that people who use active pain management approaches have superior outcomes to those who use passive strategies. Pills, shots, an acupuncture are fine, but an activity-based strategy (exercise, Tai Chi, Yoga, Pilates, Qigong) must also be incorporated.

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

   Potential meaning of answers: If yes, the patient could have hip osteoarthritis, an important contributor to low back pain. There are two sets of American College of Rheumatology criteria to diagnose hip osteoarthritis:

Criteria Set 1

1. Patient reports hip pain **AND**
2. Evidence of hip OA exists on x-ray

Criteria Set 2

1. Internal hip rotation < 15° + hip flexion ≤ 115° **OR**
2. Internal hip rotation ≥ 15° and painful + hip AM stiffness ≤ 60 minutes

9. Over the past 2 weeks, how often have you been bothered by:
    a. feeling nervous, anxious or on edge?
        i. Not at all (0)
        ii. Several days (1)
        iii. More than half the days (2)
        iv. Nearly every day (3)

    b. being unable to stop or control worrying?
        i. Not at all (0)
        ii. Several days (1)
        iii. More than half the days (2)
        iv. Nearly every day (3)

    Potential meaning of answers: These questions are the GAD-2, a validated screen for anxiety. The total potential score is 0-6. A total score of 3 or more is a positive screen. The next step would be to do a GAD-7 or refer the patient to a mental health specialist.

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

    Potential meaning of answers: Research has shown that restful sleep is very important for pain control. There are many things that can disrupt sleep, such as certain medications, depression, anxiety, sleep apnea, and other conditions. If the patient does not feel that they get good quality sleep, this should be further evaluated.

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.

    Potential meaning of answers: These questions target identifying maladaptive coping. The first question is about "catastrophizing." The second question is about "fear avoidance beliefs." Maladaptive coping can be part of anxiety and/or depression. If these conditions coexist, prioritize treatment of anxiety or depression and reassess. If the patient has neither depression nor anxiety, consider referring for cognitive behavioral therapy. Note that physical therapy has been shown to reduce fear avoidance beliefs in patients with chronic low back pain.

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 (0)
        ii. Several days (1)
        iii. More than half the days (2)
        iv. Nearly every day (3)

    b. Feeling down, depressed, or hopeless?
        i. Not at all (0)
        ii. Several days (1)
        iii. More than half the days (2)
        iv. Nearly every day (3)

    Potential meaning of answers: These questions are the PHQ-2, a validated screen for depression. The total potential score is 0-6. A total score of 3 or more is a positive screen. The next step would be to do a PHQ-0 or refer the patient to a mental health specialist.

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

    Potential meaning of answers: Since each answer gets a score of 0 to 6, the total score can be 0 to 12. A total score of 8 or higher is desirable, while a total score of 5 or less means that self-efficacy is impaired. Important things that determine self-efficacy are the patient's past experiences, what they have observed in others who have the same condition that they do, how encouraging others are, and stress that can be contributed to by many things including anxiety, depression, maladaptive coping, and others. Recognize that asking patients to constantly rate their pain can intensify it. Self-efficacy is such an important predictor of chronic pain treatment outcomes that it could be helpful for you to encourage your patients to focus on this rather than their pain intensity.

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?

    Potential meaning of answers: If the patient responds positively to both questions, they could have neurogenic claudication. Other conditions that can mimic neurogenic claudication include hip arthritis, vascular claudication, myofascial pain, and greater trochanteric pain syndrome.

15. How often do you get some exercise? What do you do?

    Potential explanation of answers: It is important to encourage patients to be active in some way. Exercise does not have to be vigorous for it to be helpful. Have them pick one or two types of activity that they like and rotate them to avoid boredom.

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?

    Potential meaning of answers: These questions are meant to open a conversation about social support, a key aspect of ameliorating disability risk. If patients do not have good support, an organization that that can be helpful for people with chronic pain is the American Chronic Pain Association (ACPA). The ACPA is a non-profit organization that provides education and supports healthcare providers and people with all chronic pain conditions – not just chronic low back pain. They facilitate creating patient support groups, an especially helpful resource for those who could benefit from stronger social support. For more information, visit their web site: https://www.acpanow.com/#/

17. Have you, or someone close to you noticed changes in your memory?

    Potential meaning of answers: Chronic pain or some of the medications used to treat it can impact memory. Co-existing anxiety, depression, or a neurocognitive disorder also should be considered.

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?

    Potential meaning of answers: You may want to get the patient's permission to talk to this person (if they are not with them at the appointment) if needed.