



Strong Chiropractic Office S.C.

Back Index

FormBI-100

rev 3/27/2003

Patient Name _____

Date _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by **circling the one number** for the statement that applies to you. If **two or more** statements in one section apply, please **circle only one number** for the statement that **most closely describes your problem**.

Pain Intensity

- 0. The pain comes and goes and is very mild.
- 1. The pain is mild and does not vary much.
- 2. The pain comes and goes and is moderate.
- 3. The pain is moderate and does not vary much.
- 4. The pain comes and goes and is very severe.
- 5. The pain is very severe and does not vary much.

Sleeping

- 0. I get no pain in bed.
- 1. I get pain in bed but it does not prevent me from sleeping well.
- 2. Because of pain my normal sleep is reduced by less than 25%.
- 3. Because of pain my normal sleep is reduced by less than 50%.
- 4. Because of pain my normal sleep is reduced by less than 75%.
- 5. Pain prevents me from sleeping at all.

Sitting

- 0. I can sit in any chair as long as I like.
- 1. I can only sit in my favorite chair as long as I like.
- 2. Pain prevents me from sitting more than 1 hour.
- 3. Pain prevents me from sitting more than 1/2 hour.
- 4. Pain prevents me from sitting more than 10 minutes.
- 6. I avoid sitting because it increases pain immediately.

Standing

- 0. I can stand as long as I want without pain.
- 1. I have some pain while standing but it does not increase with time.
- 2. I cannot stand for longer than 1 hour without increasing pain.
- 3. I cannot stand for longer than 1/2 hour without increasing pain.
- 4. I cannot stand for longer than 10 minutes without increasing pain.
- 5. I avoid standing because it increases pain immediately.

Walking

- 0. I have no pain while walking.
- 1. I have some pain while walking but it doesn't increase with distance.
- 2. I cannot walk more than 1 mile without increasing pain.
- 3. I cannot walk more than 1/2 mile without increasing pain.
- 4. I cannot walk more than 1/4 mile without increasing pain.
- 5. I cannot walk at all without increasing pain.

Patient Comments If Any:

Personal Care

- 0. I do not have to change my way of washing or dressing in order to avoid pain.
- 1. I do not normally change my way of washing or dressing even though it causes some pain.
- 2. Washing and dressing increases the pain but I manage not to change my way of doing it.
- 3. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- 4. Because of the pain I am unable to do some washing and dressing without help.
- 5. Because of the pain I am unable to do any washing and dressing without help.

Lifting

- 0. I can lift heavy weights without extra pain.
- 1. I can lift heavy weights but it causes extra pain.
- 2. Pain prevents me from lifting heavy weights off the floor.
- 3. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- 4. Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 5. I can only lift very light weights.

Traveling

- 0. I get no pain while traveling.
- 1. I get some pain while traveling but none of my usual forms of travel make it worse.
- 2. I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- 3. I get extra pain while traveling which causes me to seek alternate forms of travel.
- 4. Pain restricts all forms of travel except that done while lying down.
- 5. Pain restricts all forms of travel.

Social Life

- 0. My social life is normal and gives me no extra pain.
- 1. My social life is normal but increases the degree of pain.
- 2. Pain has no significant affect on my social life apart from limiting my more energetic interests. (e.g., dancing, etc).
- 3. Pain has restricted my social life and I do not go out very often.
- 4. Pain has restricted my social life to my home.
- 5. I have hardly any social life because of the pain.

Changing Degree of Pain

- 0. My pain is rapidly getting better .
- 1. My pain fluctuates but overall is definitely getting better.
- 2. My pain seems to be getting better but improvement is slow.
- 3. My pain is neither getting better or worse.
- 4. My pain is gradually worsening.
- 5. My pain is rapidly worsening.

**Back
Index
Score**

Index Score = Sum of all statements selected *divided by* (# of sections with a statement selected x 5) x 100

