

The Primary Care Low Back Disability Questionnaire (PCLBDQ)

Patient Last Name	Patient First Name	Patient ID	Date of Birth (MM/DD/YYYY) / /
Provider Last Name	Provider First Name	Provider Phone (area code first)	

Instructions: This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. In each section, please **circle the choice which most closely describes your problem.**

SECTION 1 – Pain Intensity

- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain comes and goes and is very severe.
- F. The pain is severe and does not vary much.

SECTION 2 – Personal Care

- A. I would not have to change my way of washing or dressing in order to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increases the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E. Because of the pain, I am unable to do some washing and dressing without help.
- F. Because of the pain, I am unable to do any washing or dressing without help.

SECTION 3 – Lifting

- A. I can lift heavy weight without pain.
- B. I can lift heavy weight, but it gives me pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned- e.g., on a table.
- E. Pain prevents me from lifting heavy weights, but can manage light-medium weights if they are conveniently positioned.
- F. I can only lift very light weights at the most.

SECTION 4 – Walking

- A. Pain does not prevent me from walking any distance.
- B. Pain prevents me from walking more than 1 mile.
- C. Pain prevents me from walking more than ½ mile.
- D. Pain prevents me from walking more than ¼ mile.
- E. I can only walk using a stick or crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

SECTION 5 – Sitting

- A. I can sit in any chair as long as I like without pain.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than 1hour.
- D. Pain prevents me from sitting more than ½ hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. Pain prevents me from sitting at all.

SECTION 6 – Standing

- A. I can stand as long as I want without pain.
- B. I have some pain on standing but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than ½ hour without increasing pain.
- E. I cannot stand for longer than 10 minutes without increasing pain.
- F. Pain prevents me from standing at all.

SECTION 7 – Sleeping

- A. I get no pain in bed.
- B. I get pain in bed but it doesn't prevent me from sleeping well.
- C. Because of my pain my normal night's sleep is reduced by <¼.
- D. Because of my pain my normal night's sleep is reduced by <½.
- E. Because of my pain my normal night's sleep is reduced by <¾.
- F. Pain prevents me from sleeping at all.

SECTION 8 – Social Life

- A. My social life is normal and gives me no pain.
- B. My social life is normal but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- D. Pain has restricted by social life and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. I have hardly any social life because of the pain.

SECTION 9 – Traveling

- A. I get no pain while traveling.
- B. I get some pain while traveling but none of my usual forms of travel make it any worse.
- C. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms of travel.
- F. Pain restricts all forms of travel except that done lying down.

SECTION 10 – Changing Degree of Pain

- A. My pain is rapidly getting better.
- B. My pain fluctuates, but overall is definitely getting better.
- C. My pain seems to be getting better but improvement is slow at present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening

Office Use Only PCLBDQ SCORE: _____

I understand that the information I have provided above is current and correct to the best of my knowledge.

Signature _____ Date _____

Neck Disability Index

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR **NECK PAIN** AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU.

ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

SECTION 1 - PAIN INTENSITY

- I have no neck pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

SECTION 2 - PERSONAL CARE

- I can look after myself normally without causing extra neck pain.
- I can look after myself normally, but it causes extra neck pain.
- It is painful to look after myself, and I am slow and careful
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self -care.
- I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3 – LIFTING

- I can lift heavy weights without causing extra neck pain.
- I can lift heavy weights, but it gives me extra neck pain.
- Neck pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- Neck pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned
- I can lift only very light weights.
- I cannot lift or carry anything at all.

SECTION 4 – READING

- I can read as much as I want with no neck pain.
- I can read as much as I want with slight neck pain.
- I can read as much as I want with moderate neck pain.
- I can't read as much as I want because of moderate neck pain.
- I can't read as much as I want because of severe neck pain.
- I can't read at all.

SECTION 5 – HEADACHES

- I have no headaches at all.
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

SECTION 6 – CONCENTRATION

- I can concentrate fully without difficulty.
- I can concentrate fully with slight difficulty.
- I have a fair degree of difficulty concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I can't concentrate at all.

SECTION 7 – WORK

- I can do as much work as I want.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I can't do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

SECTION 8 – DRIVING

- I can drive my car without neck pain.
- I can drive my car with only slight neck pain.
- I can drive as long as I want with moderate neck pain.
- I can't drive as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- I can't drive my car at all because of neck pain.

SECTION 9 – SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed for less than 1 hour.
- My sleep is mildly disturbed for up to 1-2 hours.
- My sleep is moderately disturbed for up to 2-3 hours.
- My sleep is greatly disturbed for up to 3-5 hours.
- My sleep is completely disturbed for up to 5-7 hours.

SECTION 10 – RECREATION

- I am able to engage in all my recreational activities with no neck pain at all.
- I am able to engage in all my recreational activities with some neck pain.
- I am able to engage in most, but not all of my recreational activities because of pain in my neck.
- I am able to engage in a few of my recreational activities because of neck pain.
- I can hardly do recreational activities due to neck pain.
- I can't do any recreational activities due to neck pain.

PATIENT NAME _____

DATE _____

SCORE _____ [50]

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Headache Disability Index

Patient Last Name	Patient First Name	Patient ID	Date of Birth (MM/DD/YYYY) / /
Provider Last Name	Provider First Name	Provider Phone (area code first)	

INSTRUCTIONS:

Please CIRCLE the correct response:

- I have headache: (1) 1 per month (2) more than 1 but less than 4 per month (3) more than one per week
- My headache is: (1) mild (2) moderate (3) severe

Please read carefully:

The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

YES SOMETIMES NO

- | | | | |
|-----|-----|-----|--|
| ___ | ___ | ___ | F1. Because of my headaches I feel handicapped. |
| ___ | ___ | ___ | F2. Because of my headaches I feel restricted in performing my routine daily activities. |
| ___ | ___ | ___ | E3. No one understands the effect my headaches have on my life. |
| ___ | ___ | ___ | F4. I restrict my recreational activities (e.g., sports, hobbies) because of my headaches. |
| ___ | ___ | ___ | E5. My headaches make me angry. |
| ___ | ___ | ___ | E6. Sometimes I feel that I am going to lose control because of my headaches. |
| ___ | ___ | ___ | F7. Because of my headaches I am less likely to socialize. |
| ___ | ___ | ___ | E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches. |
| ___ | ___ | ___ | E9. My headaches are so bad that I feel that I am going to go insane. |
| ___ | ___ | ___ | E10. My outlook on the world is affected by my headaches. |
| ___ | ___ | ___ | E11. I am afraid to go outside when I feel that a headache is starting. |
| ___ | ___ | ___ | E12. I feel desperate because of my headaches. |
| ___ | ___ | ___ | F13. I am concerned that I am paying penalties at work or at home because of my headaches. |
| ___ | ___ | ___ | E14. My headaches place stress on my relationships with family or friends. |
| ___ | ___ | ___ | F15. I avoid being around people when I have a headache. |
| ___ | ___ | ___ | F16. I believe my headaches are making it difficult for me to achieve my goals in life. |
| ___ | ___ | ___ | F17. I am unable to think clearly because of my headaches. |
| ___ | ___ | ___ | F18. I get tense (e.g., muscle tension) because of my headaches. |
| ___ | ___ | ___ | F19. I do not enjoy social gatherings because of my headaches. |
| ___ | ___ | ___ | E20. I feel irritable because of my headaches. |
| ___ | ___ | ___ | F21. I avoid traveling because of my headaches. |
| ___ | ___ | ___ | E22. My headaches make me feel confused. |
| ___ | ___ | ___ | E23. My headaches make me feel frustrated. |
| ___ | ___ | ___ | F24. I find it difficult to read because of my headaches. |
| ___ | ___ | ___ | F25. I find it difficult to focus my attention away from my headaches and on other things. |

OTHER COMMENTS: _____

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature _____ Date _____

With permission from:
Jacobson GP, Ramadan NM, et al. *The Henry Ford Hospital headache disability inventory (HDI)*. Neurology 1994;44:837-842.