

RENSEIGNEMENTS_____
▲ Last name_____
▲ First name

We are carefully evaluating the condition of your back and it is important that you answer each of the questions yourself.
Please circle the one best answer to each question.

1. Which one of the following best describes the amount of pain you have experienced during the past 6 months?
 - 5 None
 - 4 Mild
 - 3 Moderate
 - 2 Moderate to severe
 - 1 Severe
2. Which one of the following best describes the amount of pain you have experienced over the last month?
 - 5 None
 - 4 Mild
 - 3 Moderate
 - 2 Moderate to severe
 - 1 Severe
3. During the past 6 months, have you been a very nervous person?
 - 5 None of the time
 - 4 A little of the time
 - 3 Some of the time
 - 2 Most of the time
 - 1 All of the time
4. If you had to spend the rest of your life with your back shape as it is right now, how would you feel about it?
 - 5 Very happy
 - 4 Somewhat happy
 - 3 Neither happy nor unhappy
 - 2 Somewhat unhappy
 - 1 Very unhappy
5. What is your current level of activity?
 - 5 Bedridden
 - 4 Primarily no activity
 - 3 Light labor and light sports
 - 2 Moderate labor and moderate sports
 - 1 Full activities without restrictions
6. How do you look in clothes?
 - 5 Very good
 - 4 Good
 - 3 Fair
 - 2 Bad
 - 1 Very bad
7. In the past 6 months, have you felt so down in the dumps that nothing could cheer you up?
 - 5 Very often
 - 4 Often
 - 3 Sometimes
 - 2 Rarely
 - 1 Never
8. Do you experience pain when at rest?
 - 5 Very often
 - 4 Often
 - 3 Sometimes
 - 2 Rarely
 - 1 Never
9. What is your current level of work/school activity?
 - 5 100% normal
 - 4 75% normal
 - 3 50% normal
 - 2 25% normal
 - 1 0% normal
10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities?
 - 5 Very good
 - 4 Good
 - 3 Fair
 - 2 Poor
 - 1 Very poor
11. Which of the following best describes your pain medication use for back pain?
 - 5 None
 - 4 Non-narcotics weekly or less
(ex: aspirin, Tylenol, Ibuprofen)
 - 3 Non-narcotics daily
 - 2 Narcotics weekly or less
(ex: Tylenol III, Lorcet, Percocet)
 - 1 Narcotics daily
12. Does your back limit your ability to do things around the house?
 - 5 No
 - 4 Slightly
 - 3 Mildly
 - 2 Moderately
 - 1 Severely

13. Have you ever felt calm and peaceful during the past 6 months?

- 5 None of the time
- 4 A little of the time
- 3 Some of the time
- 2 Most of the time
- 1 All of the time

14. Do you feel that your back condition affects your personal relationships?

- 5 None
- 4 Slightly
- 3 Mildly
- 2 Moderately
- 1 Severely

15. Are you and/or your family experiencing financial difficulties because of your back?

- 5 None
- 4 Slightly
- 3 Mildly
- 2 Moderately
- 1 Severely

16. In the past 6 months, have you felt down hearted and blue?

- 5 Never
- 4 Rarely
- 3 Sometimes
- 2 Often
- 1 Very often

17. In the last 3 months, have you taken any days off work, including household work, or school because of back pain?

- 5 0 days
- 4 1 day
- 3 2 days
- 2 3 days
- 1 4 days or more

18. Does your back condition limit your going out with friends/family?

- 5 Never
- 4 Rarely
- 3 Sometimes
- 2 Often
- 1 Very often

19. Do you feel attractive with your current back condition?

- 5 Yes, very
- 4 Yes, somewhat
- 3 Neither attractive nor unattractive
- 2 No, not very much
- 1 No, not at all

20. Have you been a happy person during the past 6 months?

- 5 None of the time
- 4 Rarely
- 3 Sometimes
- 2 Most of the time
- 1 All of the time

21. Are you satisfied with the results of your back management?

- 5 Very satisfied
- 4 Satisfied
- 3 Neither satisfied or unsatisfied
- 2 Unsatisfied
- 1 Very unsatisfied

22. Would you have the same management again if you had the same condition?

- 5 Definitely yes
- 4 Probably yes
- 3 Not sure
- 2 Probably not
- 1 Definitely not

Final score: _____

Thank you for completing this questionnaire. Please comment if you wish.

▲ Patient's signature

▲ Date