

TILLMAN

PHYSICAL THERAPY

& SPORTS TRAINING CENTER

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BACK INDEX

Patient Name: _____ **Date Completed:** _____

*This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. **If two or more statements in one section apply, please circle the one 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
- 5 - 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 10min 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 w/ 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

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 pain I am unable to do some washing and dressing without help
- 5 - Because of 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 conventionally 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 conventionally 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

Index Score = [Sum of all statements selected / (#of sections with a statement selected x5)] x 100

BACK INDEX SCORE: _____