

Low Back

Back Functional Ability Survey

Patient: _____

Date: _____

Score: Initial _____

Progress _____

Discharge _____

How long have you had back pain? _____ weeks _____ months _____ years

How long have you had leg pain? _____ weeks _____ months _____ years

Directions: Check only one statement in each section that best describes you over the last week. This survey will give your Physical Therapist information on how your back injury has affected you ability to manage everyday life.

Section 1 – Pain Intensity

- _____ I can tolerate the pain I have without having to use pain medication.
- _____ The pain is bad, but I can manage without having to take pain medication.
- _____ Pain medication provides me with complete relief from pain.
- _____ Pain medication provides me with moderate relief from pain.
- _____ Pain medication provides me with little relief from pain
- _____ Pain medication has no effect on my pain.

Section 2 – Personal Care (eg, Washing, Dressing)

- _____ I can take care of myself normally without causing increased pain.
- _____ I can take care of myself normally, but it increases my pain.
- _____ It is painful to take care of myself, and I am slow and careful.
- _____ I need help, but I am able to manage most of my personal care.
- _____ I need help every day in most aspects of my care.
- _____ I do not get dressed, wash with difficulty, and stay in bed.

Section 3 – Lifting

- _____ I can lift heavy weights without increased pain.
- _____ I can lift heavy weights, but it causes increased pain.
- _____ Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently Positioned (eg, on a table.)
- _____ Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are Conveniently positioned.
- _____ I can lift only very light weights.
- _____ I can not lift or carrying anything at all.

Section 4 – Walking

- _____ Pain does not prevent me from walking any distance.
- _____ Pain prevents me from walking more than 1 mile.
- _____ Pain prevents me from walking more than ½ mile.
- _____ Pain prevents me from walking more than ¼ mile.
- _____ I can only walk with crutches or a cane.
- _____ I am in bed most of the time and have to crawl to the toilet.

OVER

Section 5 – Sitting

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6 – Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives me extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than ½ hour.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 – Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using pain medication.
- Even when I take pain medication I sleep less than 6 hours.
- Even when I take pain medication I sleep less than 4 hours.
- Even when I take pain medication I sleep less than 2 hours.
- Pain prevents me from sleeping at all.

Section 8 – Social Life

- My social life is normal and does not increase my pain.
- My social life is normal, but increases my level of pain.
- Pain prevents me from participating in more energetic activities (eg, sports, dancing).
- Pain prevents me from going out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of my pain.

Section 9 – Traveling

- I can travel anywhere without increased pain.
- I can travel anywhere, but it increases my pain.
- My pain restricts my travel over 2 hours.
- My pain restricts my travel over 1 hour.
- My pain restricts my travel to short necessary journeys under ½ hour.
- My pain prevents all travel except for visits to the physician/therapist or hospital.

Section 10 – Employment/Homemaking

- My normal homemaking/job activities do not cause pain.
- My normal homemaking/job activities increase my pain, but I can still perform all that is required.
- I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming).
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chores.

