



5. What is your current level of activity?

- Bedridden/Wheelchair
- Primarily no activity
- Light labor, such as household chores
- Moderate manual labor and moderate sports, such as walking and biking
- Full activities without restriction

6. How do you look in clothes?

- Very good
- Good
- Fair
- Bad
- Very bad

7. In the past 6 months have you felt so down in the dumps that nothing could cheer you up?

- Very often
- Often
- Sometimes
- Rarely
- Never

8. Do you experience back pain when at rest?

- Very often
- Often
- Sometimes
- Rarely
- Never

9. What is your current level of work/school activity?

- 100% normal
- 75% normal
- 50% normal
- 25% normal
- 0% normal

(Continued on next page)

10. Which of the following best describes the appearance of your trunk; defined as the human body except for the head and extremities.

- Very good
- Good
- Fair
- Bad
- Very bad

11. Which one of the following best describes your medication usage for your back?

- None
- Non-narcotics weekly or less (e.g. aspirin, Tylenol, Ibuprofen)
- Non-narcotics daily
- Narcotics weekly or less (e.g. Tylenol III, Lorcet, Percocet)
- Narcotics daily
- Other: \_\_\_\_\_  
Medication Usage (weekly or less or daily)

12. Does your back limit your ability to do things around the house?

- Never
- Rarely
- Sometimes
- Often
- Very Often

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

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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

- None
- Slightly
- Mildly
- Moderately
- Severely

(Continued on next page)

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

Severely  
Moderately  
Mildly  
Slightly  
None

16. In the past 6 months have you felt downhearted and blue?

Never  
Rarely  
Sometimes  
Often  
Very Often

17. In the last 3 months have you taken any sick days from work/school due to back pain and if so how many?

0  
1  
2  
3  
4 or more

18. Do you go out more or less than your friends?

Much more  
More  
Same  
Less  
Much less

19. Do you feel attractive?

Yes, very  
Yes, somewhat  
Neither attractive nor unattractive  
No, not very much  
No, not at all

(Continued on next page)

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

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

21. On a scale of 1 to 9, with one being very low and 9 being extremely high how would you rate your self-image?

- 1      2      3      4      5      6      7      8      9

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

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

23. Would you have the same treatment again if you had the same condition?

- Definitely yes
- Probably yes
- Not sure
- Probably not
- Definitely not

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

End

