

RED-ROSE CHIROPRACTIC CLINIC, P.S.

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Back Disability Index

This survey is designed to measure the functional limitations of day to day activities due to any pain located in the *Mid to Low Back*. Mark only the boxes that apply to you *TODAY*.

Name: _____

Date _____

- I stay home most of the time because of my back.
- I change positions frequently to try and get my back comfortable.
- I walk more slowly than usual because of my back.
- Because of my back I am not doing any of the jobs that I usually do around the house.
- Because of my back I use a handrail to get upstairs.
- Because of my back I lie down to rest more.
- Because of my back I have to hold on to something to get out of an easy chair.
- Because of my back I try to get other people to do things for me.
- I get dressed more slowly than usual because of my back.
- I only stand up for short periods of time because of my back.
- Because of my back I try not to bend or kneel down.
- I find it difficult to get out of a chair because of my back.
- My back is painful almost all the time.
- I find it difficult to turn over in bed because of my back.
- My appetite is not very good because of my back pain.
- I have trouble putting on my socks (or stockings) because of pain in my back.
- I only walk short distances because of my back pain.
- I sleep less well because of my back.
- Because of my back I get dressed with help from someone else.
- I sit down for most of the day because of my back.
- I avoid heavy jobs around the house because of my back.
- Because of my back pain I am more irritable and bad tempered with people than usual.
- Because of my back I go upstairs more slowly than usual.
- I stay in bed most of the time because of my back.

On a scale of 0 to 10 please rate the current level of overall pain related to the back area: