PATIENT NAME:	PATIENT DATE OF BIRTH:
TODAY'S DATE:	
Please re This questionnaire has been designed to give the doctor information	NDEX QUESTIONNAIRE rad the instructions: on as to how your back pain has affected your ability to manage everyday life.
	realize that you may consider that two of the statements in any section related best answer that describes your problem.
1. PAIN INTENSITY	6. STANDING
$\hfill \square$ I can tolerate the pain I have without having to use pain killers	☐ 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
☐ The pain is bad but I manage without taking pain killers	 □ Pain prevents me from standing for more than one hour □ Pain prevents me from standing for more than 30 minutes
☐ Pain killers give complete relief from pain	☐ Pain prevents me from standing for more than 10 minutes
☐ Pain killers give moderate relief from pain	☐ Pain prevents me from standing at all
☐ Pain killers give very little relief from pain	- av Francis
☐ Pain killers have no effect on the pain and I do not use them	7. SLEEPING □ Pain does not prevent me from sleeping well
2. PERSONAL CARE (e.g. Washing, Dressing)	☐ I can sleep well only by using medication
$\hfill \square$ I can look after myself normally without causing extra pain	☐ Even when I take medication, I have less than 6 hrs sleep
☐ I can look after myself normally but it causes extra	☐ Even when I take medication, I have less than 4 hrs sleep
pain ☐ It is painful to look after myself and I am slow and	 □ Even when I take medication, I have less than 2 hrs sleep □ Pain prevents me from sleeping at all
careful	- I am prevents me from sleeping at an
$\hfill \square$ I need some help but manage most of my personal care	8. EMPLOYMENT/ HOMEMAKING
☐ I need help every day in most aspects of self care ☐ I don't get drossed. I was with difficulty and stay in had	☐ My normal homemaking/ job activities do not cause pain.
☐ I don't get dressed, I was with difficulty and stay in bed	☐ My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me.
3. LIFTING	☐ I can perform most of my homemaking/job duties, but pain
☐ I can lift heavy weights without extra pain	prevents me from performing more physically stressful
☐ I can lift heavy weights but it gives extra pain☐ Pain prevents me from lifting heavy weights off the	activities (e.g. lifting, vacuuming)
floor, but I can manage if they are conveniently	 □ Pain prevents me from doing anything but light duties. □ Pain prevents me from doing even light duties.
positioned, i.e. on a table	☐ Pain prevents me from performing any job or homemaking
☐ Pain prevents me from lifting heavy weights, but I can	chores.
manage light to medium weights if they are conveniently positioned	9. SOCIAL LIFE
☐ I can lift very light weights	☐ My social life is normal and gives me no extra pain
☐ I cannot lift or carry anything at all	☐ My social life is normal but increases the degree of pain ☐ Pain has no significant effect on my social life apart from
4. WALKING	limiting my more energetic interests, i.e. dancing, etc.
□ Pain does not prevent me walking any distance□ Pain prevents me walking more than one mile	☐ Pain has restricted my social life and I do not go out as
☐ Pain prevents me walking more than ½ mile	often ☐ Pain has restricted my social life to my home
☐ Pain prevents me walking more than ¼ mile	☐ I have no social life because of pain
☐ I can only walk using a stick or crutches	40 000 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
☐ I am in bed most of the time and have to crawl to the Toilet	10. TRAVELLING ☐ I can travel anywhere without extra pain
Tollet	☐ I can travel anywhere but it gives me extra pain
5. SITTING	☐ Pain is bad, but I manage journeys over 2 hours
☐ I can sit in any chair as long as I like	☐ Pain restricts me to journeys of less than 1 hour
☐ I can only sit in my favorite chair as long as I like☐ Pain prevents me from sitting more than one hour	☐ Pain restricts me to short necessary journeys under 30 minutes
☐ Pain prevents me from sitting more than ½ hour	☐ Pain prevents me from traveling except to the doctor or
☐ Pain prevents me from sitting more than 10 minutes ☐ Pain prevents me from sitting at all	hospital