

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PART A: Lower Extremity Functional Scale

**Today**, do you/would you have any difficulty with (circle **only one** number that corresponds with your level of function):

0 = Extreme difficulty / unable to perform at all    1 = Quite a bit of difficulty    2 = Moderate difficulty    3 = A little bit of difficulty    4 = No difficulty

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Any of your usual work, housework, or school activities   | 0 | 1 | 2 | 3 | 4 |
| 2. Your usual hobbies, recreational, or sporting activities  | 0 | 1 | 2 | 3 | 4 |
| 3. Getting into or out of the bath                           | 0 | 1 | 2 | 3 | 4 |
| 4. Walking between rooms                                     | 0 | 1 | 2 | 3 | 4 |
| 5. Putting on your shoes or socks                            | 0 | 1 | 2 | 3 | 4 |
| 6. Squatting   | 0 | 1 | 2 | 3 | 4 |
| 7. Lifting an object, like a bag of groceries from the floor | 0 | 1 | 2 | 3 | 4 |
| 8. Performing light activities around the house              | 0 | 1 | 2 | 3 | 4 |
| 9. Performing heavy activities around the house              | 0 | 1 | 2 | 3 | 4 |
| 10. Getting into or out of a car                             | 0 | 1 | 2 | 3 | 4 |
| 11. Walking two blocks                                       | 0 | 1 | 2 | 3 | 4 |
| 12. Walking a mile   | 0 | 1 | 2 | 3 | 4 |
| 13. Going up or down ten stairs (about one flight)           | 0 | 1 | 2 | 3 | 4 |
| 14. Standing for one hour                                    | 0 | 1 | 2 | 3 | 4 |
| 15. Sitting for one hour                                     | 0 | 1 | 2 | 3 | 4 |
| 16. Running on even ground                                   | 0 | 1 | 2 | 3 | 4 |
| 17. Running on uneven ground                                 | 0 | 1 | 2 | 3 | 4 |
| 18. Making sharp turns while running fast                    | 0 | 1 | 2 | 3 | 4 |
| 19. Hopping  | 0 | 1 | 2 | 3 | 4 |
| 20. Rolling over in bed                                      | 0 | 1 | 2 | 3 | 4 |

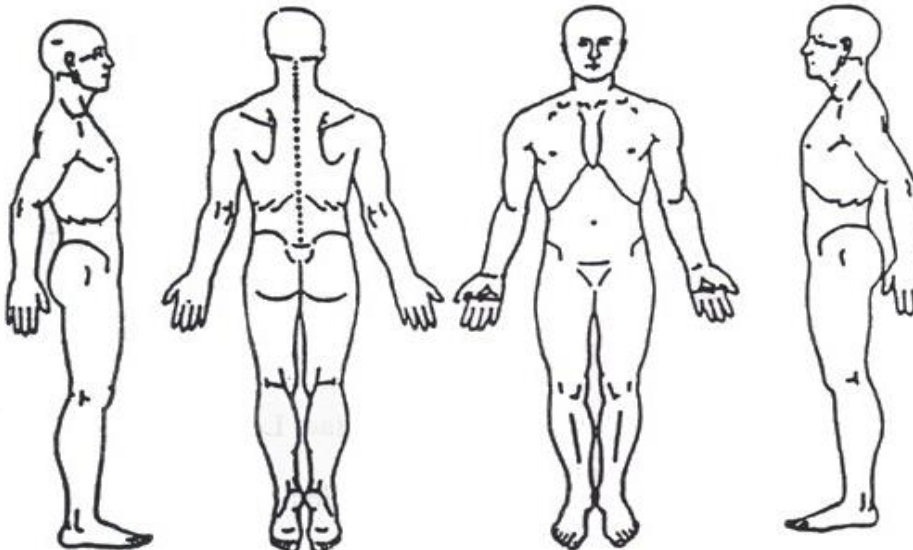
Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

## PART B: BODY DIAGRAM

Please indicate where your pain is located and what type of pain you feel at the *present* time. Fill in the area on the body diagram with the appropriate symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition

- Key:**  
 Stabbing: ///  
 Burning: XXX  
 Pins and Needles: 000  
 Numbness: ===  
 Other: (●●●) \_\_\_\_\_



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## PART C: Roland Morris Low Back Questionnaire

When your back hurts, you may find it difficult to do some of the things you normally do. This list contains sentences that people have used to describe themselves when they have back pain. When you read them, you may find that some stand out because they describe you *today*. As you read the list, think of yourself *today*. When you read a sentence that describes you today, put a check next to it. If the sentence does not describe you, then leave the space blank and go on to the next one. Remember, only check the sentence if you are sure it describes you today.

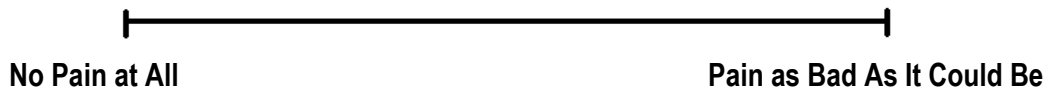
- |   |  |
|---|--|
| <input type="checkbox"/> I stay at home most of the time because of my back                                     | <input type="checkbox"/> My back is painful almost all the time.   |
| <input type="checkbox"/> I change position frequently to try and get my back comfortable.                       | <input type="checkbox"/> I find it difficult to turn over in bed because of my back.                           |
| <input type="checkbox"/> I walk more slowly than usual because of my back.                                      | <input type="checkbox"/> My appetite is not very good because of my back pain.                                 |
| <input type="checkbox"/> Because of my back, I am not doing any of the jobs that I usually do around the house. | <input type="checkbox"/> I have trouble putting on my socks (or stockings) because of the pain in my back.     |
| <input type="checkbox"/> Because of my back, I use a handrail to get upstairs.                                  | <input type="checkbox"/> I only walk short distances because of my back.                                       |
| <input type="checkbox"/> Because of my back, I lie down to rest more often.                                     | <input type="checkbox"/> I do not sleep well because of my back.   |
| <input type="checkbox"/> Because of my back, I have to hold on to something to get out of an easy chair.        | <input type="checkbox"/> Because of my back pain, I get dressed with help from someone else.                   |
| <input type="checkbox"/> Because of my back, I try to get other people to do things for me.                     | <input type="checkbox"/> I sit down for most of the day because of my back.                                    |
| <input type="checkbox"/> I get dressed more slowly than usual because of my back.                               | <input type="checkbox"/> I avoid heavy jobs around the house because of my back.                               |
| <input type="checkbox"/> I only stand for short periods of time because of my back.                             | <input type="checkbox"/> Because of my back pain, I am more irritable and bad tempered with people than usual. |
| <input type="checkbox"/> Because of my back, I try not to bend or kneel down.                                   | <input type="checkbox"/> Because of my back, I go upstairs more slowly than usual.                             |
| <input type="checkbox"/> I find it difficult to get out of a chair because of my back.                          | <input type="checkbox"/> I stay in bed most of the time because of my back.                                    |
|   | <input type="checkbox"/> No back pain present  |

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

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## PART D: Visual Analogue Scale

Make a slash (/) along the line from the extremes, which you think represents your current pain in your major area of injury.



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