

PINNACLE THERAPY AND WELLNESS CENTER

4110 Manatee Avenue West

Bradenton, FL 34205

Phone 941-748-8383 Fax 941-748-8484

The Quebec Back Pain Disability Scale

Name _____ Date _____

This questionnaire is about the way your back pain is affecting your daily life. People with back problems may find it difficult to perform some of their daily activities. We would like to know if you find it difficult to perform any of the activities listed below, because of your back. For each activity there is a scale of 0 to 5. Please choose one response option for each activity (do not skip any activities) and circle the corresponding number.

Today, do you find it difficult to perform the following activities because of your back:

Activities	Not Difficult At All	Minimally Difficult	Somewhat Difficult	Fairly Difficult	Very Difficult	Unable To Do
1. Get out of bed	0	1	2	3	4	5
2. Sleep through the night	0	1	2	3	4	5
3. Turn over in bed	0	1	2	3	4	5
4. Ride in a car	0	1	2	3	4	5
5. Stand up for 20-30 minutes	0	1	2	3	4	5
6. Sit in a chair for several hours	0	1	2	3	4	5
7. Climb one flight of stairs	0	1	2	3	4	5
8. Walk a few blocks (300-400 m)	0	1	2	3	4	5
9. Walk several kilometers	0	1	2	3	4	5
10. Reach up to high shelves	0	1	2	3	4	5
11. Throw a ball	0	1	2	3	4	5
12. Run one block (about 100m)	0	1	2	3	4	5
13. Take food out of the refrigerator	0	1	2	3	4	5
14. Make your bed	0	1	2	3	4	5
15. Put on socks (pantyhose)	0	1	2	3	4	5
16. Bend over to clean the bathtub	0	1	2	3	4	5
17. Move a chair	0	1	2	3	4	5
18. Pull or push heavy doors	0	1	2	3	4	5
19. Carry two bags of groceries	0	1	2	3	4	5
20. Lift and carry a heavy suitcase	0	1	2	3	4	5

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VISUAL ANALOG SCALE

Please place a mark on each line below to indicate how bad you feel your pain today,
at best and at worst.

Pain Now




Pain at Best

Pain Worst

WORST PAIN

WORST PAIN

WORST PAIN

A vertical line representing a pain scale for 'Pain Now'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.A vertical line representing a pain scale for 'Pain at Best'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.A vertical line representing a pain scale for 'Pain Worst'. It starts at a horizontal line at the top labeled 'WORST PAIN' and ends at a horizontal line at the bottom labeled 'NO PAIN AT ALL'.

NO PAIN AT ALL

NO PAIN AT ALL

NO PAIN AT ALL

Patient Name _____ Date _____