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Form BI100

rev 3/27/2003

Patient Name _____

Date _____

This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ⓪ The pain comes and goes and is very mild.
- ① The pain is mild and does not vary much.
- ② The pain comes and goes and is moderate.
- ③ The pain is moderate and does not vary much.
- ④ The pain comes and goes and is very severe.
- ⑤ The pain is very severe and does not vary much.

Sleeping

- ⓪ I get no pain in bed.
- ① I get pain in bed but it does not prevent me from sleeping well.
- ② Because of pain my normal sleep is reduced by less than 25%.
- ③ Because of pain my normal sleep is reduced by less than 50%.
- ④ Because of pain my normal sleep is reduced by less than 75%.
- ⑤ Pain prevents me from sleeping at all.

Sitting

- ⓪ I can sit in any chair as long as I like.
- ① I can only sit in my favorite chair as long as I like.
- ② Pain prevents me from sitting more than 1 hour.
- ③ Pain prevents me from sitting more than 1/2 hour.
- ④ Pain prevents me from sitting more than 10 minutes.
- ⑤ I avoid sitting because it increases pain immediately.

Standing

- ⓪ I can stand as long as I want without pain.
- ① I have some pain while standing but it does not increase with time.
- ② I cannot stand for longer than 1 hour without increasing pain.
- ③ I cannot stand for longer than 1/2 hour without increasing pain.
- ④ I cannot stand for longer than 10 minutes without increasing pain.
- ⑤ I avoid standing because it increases pain immediately.

Walking

- ⓪ I have no pain while walking.
- ① I have some pain while walking but it doesn't increase with distance.
- ② I cannot walk more than 1 mile without increasing pain.
- ③ I cannot walk more than 1/2 mile without increasing pain.
- ④ I cannot walk more than 1/4 mile without increasing pain.
- ⑤ I cannot walk at all without increasing pain.

Personal Care

- ⓪ I do not have to change my way of washing or dressing in order to avoid pain.
- ① I do not normally change my way of washing or dressing even though it causes some pain.
- ② Washing and dressing increases the pain but I manage not to change my way of doing it.
- ③ Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ④ Because of the pain I am unable to do some washing and dressing without help.
- ⑤ Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ⓪ I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- ② Pain prevents me from lifting heavy weights off the floor.
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ④ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ⑤ I can only lift very light weights.

Traveling

- ⓪ I get no pain while traveling.
- ① I get some pain while traveling but none of my usual forms of travel make it worse.
- ② I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- ③ I get extra pain while traveling which causes me to seek alternate forms of travel.
- ④ Pain restricts all forms of travel except that done while lying down.
- ⑤ Pain restricts all forms of travel.

Social Life

- ⓪ My social life is normal and gives me no extra pain.
- ① My social life is normal but increases the degree of pain.
- ② Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- ③ Pain has restricted my social life and I do not go out very often.
- ④ Pain has restricted my social life to my home.
- ⑤ I have hardly any social life because of the pain.

Changing degree of pain

- ⓪ My pain is rapidly getting better.
- ① My pain fluctuates but overall is definitely getting better.
- ② My pain seems to be getting better but improvement is slow.
- ③ My pain is neither getting better or worse.
- ④ My pain is gradually worsening.
- ⑤ My pain is rapidly worsening.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

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Score

Neck Index

ACN Group, Inc. Form NI-100

ACN Group, Inc. Use Only rev 3/27/2003

Patient Name _____ Date _____

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- Ⓐ I have no pain at the moment.
- ① The pain is very mild at the moment.
- ② The pain comes and goes and is moderate.
- ③ The pain is fairly severe at the moment.
- ④ The pain is very severe at the moment.
- ⑤ The pain is the worst imaginable at the moment.

Sleeping

- Ⓐ I have no trouble sleeping.
- ① My sleep is slightly disturbed (less than 1 hour sleepless).
- ② My sleep is mildly disturbed (1-2 hours sleepless).
- ③ My sleep is moderately disturbed (2-3 hours sleepless).
- ④ My sleep is greatly disturbed (3-5 hours sleepless).
- ⑤ My sleep is completely disturbed (5-7 hours sleepless).

Reading

- Ⓐ I can read as much as I want with no neck pain.
- ① I can read as much as I want with slight neck pain.
- ② I can read as much as I want with moderate neck pain.
- ③ I cannot read as much as I want because of moderate neck pain.
- ④ I can hardly read at all because of severe neck pain.
- ⑤ I cannot read at all because of neck pain.

Concentration

- Ⓐ I can concentrate fully when I want with no difficulty.
- ① I can concentrate fully when I want with slight difficulty.
- ② I have a fair degree of difficulty concentrating when I want.
- ③ I have a lot of difficulty concentrating when I want.
- ④ I have a great deal of difficulty concentrating when I want.
- ⑤ I cannot concentrate at all.

Work

- Ⓐ I can do as much work as I want.
- ① I can only do my usual work but no more.
- ② I can only do most of my usual work but no more.
- ③ I cannot do my usual work.
- ④ I can hardly do any work at all.
- ⑤ I cannot do any work at all.

Personal Care

- Ⓐ I can look after myself normally without causing extra pain.
- ① I can look after myself normally but it causes extra pain.
- ② It is painful to look after myself and I am slow and careful.
- ③ I need some help but I manage most of my personal care.
- ④ I need help every day in most aspects of self care.
- ⑤ I do not get dressed, I wash with difficulty and stay in bed.

Lifting

- Ⓐ I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- ② Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- ③ Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ④ I can only lift very light weights.
- ⑤ I cannot lift or carry anything at all.

Driving

- Ⓐ I can drive my car without any neck pain.
- ① I can drive my car as long as I want with slight neck pain.
- ② I can drive my car as long as I want with moderate neck pain.
- ③ I cannot drive my car as long as I want because of moderate neck pain.
- ④ I can hardly drive at all because of severe neck pain.
- ⑤ I cannot drive my car at all because of neck pain.

Recreation

- Ⓐ I am able to engage in all my recreation activities without neck pain.
- ① I am able to engage in all my usual recreation activities with some neck pain.
- ② I am able to engage in most but not all my usual recreation activities because of neck pain.
- ③ I am only able to engage in a few of my usual recreation activities because of neck pain.
- ④ I can hardly do any recreation activities because of neck pain.
- ⑤ I cannot do any recreation activities at all.

Headaches

- Ⓐ I have no headaches at all.
- ① I have slight headaches which come infrequently.
- ② I have moderate headaches which come infrequently.
- ③ I have moderate headaches which come frequently.
- ④ I have severe headaches which come frequently.
- ⑤ I have headaches almost all the time.

Index Score = [Sum of all statements selected / (# of sections with a statement selected x 5)] x 100

Neck
Index
Score

The Disabilities of the Arm, Shoulder and Hand (DASH) Score

Clinician's name (or ref)

Patient's name (or ref)

INSTRUCTIONS: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer *every question*, based on your condition in the **last week**. 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. It doesn't matter which hand or arm you use to perform the activity; please answer based on you ability regardless of how you perform the task.

Please rate your ability to do the following activities in the last week.

- | | | | | | |
|---|-------------------------------------|---------------------------------------|---|---|------------------------------|
| 1. Open a tight or new jar | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 2. Write | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 3. Turn a key | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 4. Prepare a meal | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 5. Push open a heavy door | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 6. Place an object on a shelf above your head | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 7. Do heavy household chores (eg wash walls, wash floors) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 8. Garden or do yard work | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 9. Make a bed | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 10. Carry a shopping bag or briefcase | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 11. Carry a heavy object (over 10 lbs) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 12. Change a lightbulb overhead | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 13. Wash or blow dry your hair | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 14. Wash your back | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 15. Put on a pullover sweater | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 16. Use a knife to cut food | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 17. Recreational activities which require little effort (eg cardplaying, knitting, etc) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (eg golf, hammering, tennis, etc) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |
| 19. Recreational activities in which you move your arm freely (eg playing frisbee, badminton, etc) | <input type="radio"/> No difficulty | <input type="radio"/> Mild difficulty | <input type="radio"/> Moderate difficulty | <input type="radio"/> Severe difficulty | <input type="radio"/> Unable |

20. Manage transportation needs (getting from one place to another) No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
21. Sexual activities No difficulty Mild difficulty Moderate difficulty Severe difficulty Unable
- During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?
22. Not at all Slightly Moderately Quite a bit Extremely
- During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?
23. Not limited at all Slightly limited Moderately limited Very limited Unable
- Please rate the severity of the following symptoms in the last week**
24. Arm, shoulder or hand pain None Mild Moderate Severe Extreme
25. Arm, shoulder or hand pain when you performed any specific activity None Mild Moderate Severe Extreme
26. Tingling (pins and needles) in your arm, shoulder or hand None Mild Moderate Severe Extreme
27. Weakness in your arm, shoulder or hand None Mild Moderate Severe Extreme
28. Stiffness in your arm, shoulder or hand None Mild Moderate Severe Extreme
- During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?
29. No difficulty Mild difficulty Moderate difficulty Severe difficulty So much I can't sleep
- I feel less capable, less confident or less useful because of my arm, shoulder or hand problem
30. Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

Thank you very much for completing all the questions in this questionnaire.

The Disabilities of the Arm, Shoulder and Hand (DASH) Score is 0

(NB. A DASH score may not be calculated if there are greater than 3 missing items.)

There are two further small sections to this score. They are both optional. Just click below to select

WORK MODULE

SPORTS/PERFORMING ARTS MODULE

Reference for Score: Hudak PL, Amadio PC, Bombardier C. Development of an upper extremity outcome measure: the DASH (disabilities of the arm, shoulder and hand) [corrected]. The Upper Extremity Collaborative Group (UECG) Am J Ind Med. 1996 Jun;29(6):602-8. Erratum in: Am J Ind Med 1996 Sep;30(3):372. The Institute for Work & Health are the copyright owners of the DASH and QuickDASH Outcome Measures (<http://www.dash.iwh.on.ca/>)

THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have any difficulty at all with:

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	0	1	2	3	4
2	0	1	2	3	4
3	0	1	2	3	4
4	0	1	2	3	4
5	0	1	2	3	4
6	0	1	2	3	4
7	0	1	2	3	4
8	0	1	2	3	4
9	0	1	2	3	4
10	0	1	2	3	4
11	0	1	2	3	4
12	0	1	2	3	4
13	0	1	2	3	4
14	0	1	2	3	4
15	0	1	2	3	4
16	0	1	2	3	4
17	0	1	2	3	4
18	0	1	2	3	4
19	0	1	2	3	4
20	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80

Please submit the sum of responses to ACN.

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network. *The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application*, *Physical Therapy*, 1999, 79, 4371-383, with permission of the American Physical Therapy Association.