The Primary Care Low Back Disability Questionnaire (PCLBDQ)

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### Instructions:
This questionnaire has been designed to give the doctor information as to how your low back pain has affected your ability to manage in everyday life. In each section, please circle the choice which most closely describes your problem.

#### SECTION 1 – Pain Intensity
- A. The pain comes and goes and is very mild.
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain comes and goes and is very severe.
- F. The pain is severe and does not vary much.

#### SECTION 2 – Personal Care
- A. I would not have to change my way of washing or dressing in order to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increases the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E. Because of the pain, I am unable to do some washing and dressing without help.
- F. Because of the pain, I am unable to do any washing or dressing without help.

#### SECTION 3 – Lifting
- A. I can lift heavy weight without pain.
- B. I can lift heavy weight, but it gives me pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned e.g., on a table.
- E. Pain prevents me from lifting heavy weights, but can manage light-medium weights if they are conveniently positioned.
- F. I can only lift very light weights at the most.

#### SECTION 4 – Walking
- A. Pain does not prevent me from walking any distance.
- B. Pain prevents me from walking more than 1 mile.
- C. Pain prevents me from walking more than ½ mile.
- D. Pain prevents me from walking more than ¼ mile.
- E. I can only walk using a stick or crutches.
- F. I am in bed most of the time and have to crawl to the toilet.

#### SECTION 5 – Sitting
- A. I can sit in any chair as long as I like without pain.
- B. I can only sit in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than 1 hour.
- D. Pain prevents me from sitting more than ½ hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. Pain prevents me from sitting at all.

#### SECTION 6 – Standing
- A. I can stand as long as I want without pain.
- B. I have some pain on standing but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than ½ hour without increasing pain.
- E. I cannot stand for longer than 10 minutes without increasing pain.
- F. Pain prevents me from standing at all.

#### SECTION 7 – Sleeping
- A. I get no pain in bed.
- B. I get pain in bed but it doesn’t prevent me from sleeping well.
- C. Because of my pain my normal night’s sleep is reduced by <¼.
- D. Because of my pain my normal night’s sleep is reduced by <½.
- E. Because of my pain my normal night’s sleep is reduced by <¾.
- F. Pain prevents me from sleeping at all.

#### SECTION 8 – Social Life
- A. My social life is normal and gives me no pain.
- B. My social life is normal but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- D. Pain has restricted by social life and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. I have hardly any social life because of the pain.

#### SECTION 9 – Traveling
- A. I get no pain while traveling.
- B. I get some pain while traveling but none of my usual forms of travel make it any worse.
- C. I get extra pain while traveling but it does not compel me to seek alternative forms of travel.
- D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms of travel.
- F. Pain restricts all forms of travel except that done lying down.

#### SECTION 10 – Changing Degree of Pain
- A. My pain is rapidly getting better.
- B. My pain fluctuates, but overall is definitely getting better.
- C. My pain seems to be getting better but improvement is slow at present.
- D. My pain is neither getting better nor worse.
- E. My pain is gradually worsening.
- F. My pain is rapidly worsening

Office Use Only PCLBDQ SCORE: _____________

I understand that the information I have provided above is current and correct to the best of my knowledge.

Signature____________________________________________________   Date____________________________


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