

FALLS EFFICACY SCALE

Patient _____

Date _____

Please circle the number on how confident you are doing these activities as you feel right now today

Take a bath or Shower

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Reach into cabinets or closets

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Walk around the house

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Prepare meals not requiring heavy or hot objects

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Get in and out of bed

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Answer the door or telephone

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Get in and out of a chair

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Getting dressed and undressed

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Personal grooming (i.e. washing you face, brushing/combing hair)

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

Getting on and off the toilet

1: Very Confident 2 3 4 5 6 7 8 9 10: Not Confident at All

LOW BACK

PAIN DISABILITY INDEX

NAME _____

DATE _____

The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much your pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category by indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. *A score of 0 means no disability at all, and a score of 10 signifies that of all of the activities in which you normally be involved have been totally disrupted or prevented by your pain.*

Family/home responsibilities: This category refers to activities of the home or family. It includes chores performed around the house and errands or favors for other family members.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Recreation: This category includes hobbies, sports, and other similar leisure time activities.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Social Activity: This category refers to activities that involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out and other social functions.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This includes non paying jobs as well, such as housekeeper or volunteer worker.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Sexual behavior: this category refers to the frequency and quality of ones sex life;

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Self-care: This category refers to the ability to dress, bathe, groom and preform necessary daily activities.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

Life Support activity: This category refers to basic life-supporting behaviors such as eating, sleeping and breathing.

No Disability 0 1 2 3 4 5 6 7 8 9 10 Worst Disability

LOW BACK DISABILITY QUESTIONNAIRE (REVISED OSWESTRY)

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. **Please answer every section and mark in each section only ONE box** which applies to you. We realize you may consider that two of the statements in any one section relate to you, but **please just mark the box which MOST CLOSELY describes your problem.**

Section 1 - Pain Intensity

- I can tolerate the pain without having to use painkillers.
- The pain is bad but I can manage without taking painkillers.
- Painkillers give complete relief from pain.
- Painkillers give moderate relief from pain.
- Painkillers give very little relief from pain.
- Painkillers have no effect on the pain and I do not use them.

Section 2 -- Personal Care (Washing, Dressing, etc.)

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

Section 3 -- Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

Section 4 -- Walking

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than one-half mile.
- Pain prevents me from walking more than one-quarter mile.
- I can only walk using a stick or crutches.
- I am in bed most of the time and have to crawl to the toilet.

Section 5 -- Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 30 minutes.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting almost all the time.

Scoring: Questions are scored on a vertical scale of 0-5. Total scores and multiply by 2. Divide by number of sections answered multiplied by 10. A score of 22% or more is considered significant activities of daily living disability.
 (Score x 2) / (Sections x 10) = %ADL

Section 6 -- Standing

- I can stand as long as I want without extra pain.
- I can stand as long as I want but it gives extra pain.
- Pain prevents me from standing more than 1 hour.
- Pain prevents me from standing more than 30 minutes.
- Pain prevents me from standing more than 10 minutes.
- Pain prevents me from standing at all.

Section 7 -- Sleeping

- Pain does not prevent me from sleeping well.
- I can sleep well only by using tablets.
- Even when I take tablets I have less than 6 hours sleep.
- Even when I take tablets I have less than 4 hours sleep.
- Even when I take tablets I have less than 2 hours sleep.
- Pain prevents me from sleeping at all.

Section 8 -- Social Life

- My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted my social life to my home.
- I have no social life because of pain.

Section 9 -- Traveling

- I can travel anywhere without extra pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys over 2 hours.
- Pain is bad but I manage journeys less than 1 hour.
- Pain restricts me to short necessary journeys under 30 minutes.
- Pain prevents me from traveling except to the doctor or hospital.

Section 10 -- Changing Degree of Pain

- My pain is rapidly getting better.
- My pain fluctuates but overall is definitely getting better.
- My pain seems to be getting better but improvement is slow at the present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Comments _____

Reference: Fairbank, Physiotherapy 1981; 66(8): 271-3, Hudson-Cook. In Roland, Jenner (eds.), Back Pain New Approaches To Rehabilitation & Education. Manchester Univ Press, Manchester 1989: 187-204