



Acupuncture



Chiropractic



Massage

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HOW TO SCORE SPINAL & EXTREMITY QUESTIONNAIRES

It is suggested that you print out this entire document to facilitate use of this tutorial.

The questionnaires discussed are excellent tools to assess activity related complaints and, when repeated, to show the effect of care on mitigating those complaints.

For all questions, the patient is asked to make their **best guess**.

Neck and Back Disability Questionnaires

- The higher the score on these questionnaires, *the greater is the disability*.
- Please see the attached Neck and Back Disability Questionnaires as examples.
- The patient marks ONE choice in each of the 10-sections. Choices are rated 0 through 5. The patient's total points are then divided by the total points possible and multiplied by 100.
- See the attached Back Disability Questionnaire for the following example.
 - The points from each section are added together, then divided by the potential maximum score of 50 and then multiplied by 100 (Total Points/50 X 100) to obtain a percentage.
 - For our attached example, the total points is 20; the calculation is $20/50 \times 100 = 40\%$.
 - If every section is answered, as in the attached example, there is a short cut. One simply doubles the total points to obtain the percent value. Our example would be $20 \times 2 = 40\%$.
- See the attached Neck Disability Questionnaire for the following example.
 - If every section is not answered, the short cut of doubling the total points does not work.
 - For example, on the attached Neck Disability Questionnaire, the section for "Driving" is not marked as the patient does not drive. The total maximum *possible* score would therefore be 45 (9 sections with a maximum score of 5 per section).
 - If the patient's total points is 20, the calculation would be $20/45 \times 100 = 44\%$.
- FYI: a change of significance is reflected if the score changes by 10% upon re-exam

Upper and Lower Extremity Functional Scales.

- The higher the score on these scales, *the greater the ability*. This is the opposite of the Spinal Disability Questionnaires that indicate greater disability with greater scores.
- Please see the attached Lower Extremity Functional Scale as an example.
- There are 20 activities listed and the patient places a mark in one of the five columns to indicate the degree of difficulty or not.
- The column "Extreme Difficulty or Unable to Perform Activity" is not calculated.
- The number of marks in every other column is counted and then multiplied by the number at the bottom of that column. The product of each column is then added together and expressed as a fraction over 80. The example attached scored 31/80.
- FYI: a change of significance is reflected if the score changes by 9-points upon re-exam

Back Disability Questionnaire

This questionnaire has been designed to give information as to how neck related pain affects your ability to manage everyday life. Please answer every section and **mark the ONE box that most closely describes your problem.**

SECTION 1 - 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 severe and does not vary much.

SECTION 2 - PERSONAL CARE

- 0 ☐ I would 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 increase the pain but I manage not to change my way of doing it.
- 3 ☐ Washing and dressing increase 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.

SECTION 3 - 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 manage if they are conveniently positioned (e.g. on a table).
- 4 ☐ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- 5 ☐ I can only lift very light weights at the most.

SECTION 4 - WALKING

- 0 ☐ No pain on walking.
- 1 ☐ Some pain on walking but it does not increase with distance.
- 2 ☒ Cannot walk more than one mile without increasing pain.
- 3 ☐ Cannot walk more than 1/2 mile without increasing pain.
- 4 ☐ Cannot walk more than 1/4 mile without increasing pain.
- 5 ☐ Cannot walk at all without increasing pain.

SECTION 5 - 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 one hour.
- 3 ☐ Pain prevents me from sitting more than half hour.
- 4 ☐ Pain prevents me from sitting more than 10 minutes.
- 5 ☐ I avoid sitting because it increases pain straight away.

SECTION 6 - STANDING

- 0 ☐ Can stand as long as I want without pain.
- 1 ☐ Have some pain on standing but it does not increase with time.
- 2 ☐ Cannot stand for longer than one hour without increasing pain.
- 3 ☒ Cannot stand for longer than 1/2 hour without increasing pain.
- 4 ☐ Cannot stand for longer than 10 minutes without increasing pain.
- 5 ☐ I avoid standing because it increases the pain straight away.

SECTION 7 - 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 sleep is reduced by less than 1/4.
- 3 ☒ Because of pain sleep is reduced by less than 1/2.
- 4 ☐ Because sleep is reduced by less than 3/4.
- 5 ☐ Pain prevents me from sleeping at all.

SECTION 8 - SOCIAL LIFE

- 0 ☐ My social life is normal and gives me no pain.
- 1 ☒ My social life is normal but increases the degree of pain.
- 2 ☐ Pain has no significant effect 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.

SECTION 9 - TRAVELLING

- 0 ☐ I get no pain whilst traveling.
- 1 ☒ I get some pain whilst traveling but none of my usual forms of travel make it any worse.
- 2 ☐ I get extra pain whilst traveling but it does not compel me to seek alternative forms of travel.
- 3 ☐ I get extra pain whilst traveling which compels me to seek alternative forms of travel.
- 4 ☐ Pain restricts all forms of travel.
- 5 ☐ Pain prevents all forms of travel except that done lying down.

SECTION 10 - CHANGING DEGREE OF PAIN

- 0 ☐ Pain is rapidly getting better.
- 1 ☐ Pain fluctuates but overall is definitely getting better.
- 2 ☐ Pain seems to be getting better but improvement is slow.
- 3 ☒ Pain is neither getting better nor worse.
- 4 ☐ Pain is gradually worsening.
- 5 ☐ Pain is rapidly worsening.

SCORE = 40 % [points/max possible x 100]

RAW SCORE = 20
 $20/50 \times 100 = 40\%$
or
 $20 \times 2 = 40\%$

Neck Disability Questionnaire

This questionnaire has been designed to give information as to how neck related pain affects your ability to manage everyday life. Please answer every section and **mark the ONE box that most closely describes your problem.**

SECTION 1 - PAIN INTENSITY

- 0 ☐ I have no pain at the moment.
1 ☐ The pain is very mild at the moment.
2 ☒ The pain is moderate at the moment.
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.

SECTION 2 - PERSONAL CARE (Washing, Dressing, etc.)

- 0 ☐ 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 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.

SECTION 3 - LIFTING

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

SECTION 4 - READING

- 0 ☐ Can read as much as I want to with no pain in my neck.
1 ☐ Can read as much as I want to with slight pain in my neck.
2 ☒ Can read as much as I want with moderate pain in my neck.
3 ☐ Can't read as much as I want because of moderate pain in my neck.
4 ☐ Can hardly read at all because of severe pain in my neck.
5 ☐ Cannot read at all.

SECTIONS 5 - HEADACHES

- 0 ☒ 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.

SECTION 6 - CONCENTRATION

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

SECTION 7 - WORK

- 0 ☐ I can do as much work as I want to.
1 ☐ I can only do my usual work, but no more.
2 ☐ I can 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 can't do any work at all.

SECTION 8 - DRIVING

- 0 ☐ Can drive my car without any neck pain. **N/A**
1 ☐ Can drive my car as long as I want with slight pain in my neck.
2 ☐ Can drive my car as long as I want with moderate pain in my neck.
3 ☐ Can't drive my car as long as I want because of moderate neck pain.
4 ☐ Can hardly drive at all because of severe pain in my neck.
5 ☐ Can't drive my car at all.

SECTION 9 - SLEEPING

- 0 ☐ I have no trouble sleeping
1 ☐ My sleep is slightly disturbed (less than 1 hr. sleepless).
2 ☐ My sleep is mildly disturbed (1-2 hrs. sleepless).
3 ☐ My sleep is moderately disturbed (2-3 hrs. sleepless).
4 ☒ My sleep is greatly disturbed (3-5 hrs. sleepless).
5 ☐ My sleep is completely disturbed (5-7 hrs. sleepless).

SECTION 10 - RECREATION

- 0 ☐ Able to engage in all recreation activities with no neck pain at all.
1 ☐ Able to engage in all recreation activities, with some pain in neck.
2 ☐ Able to engage in most, but not all of my usual recreation activities because of pain in my neck.
3 ☐ Able to engage in a few of my usual recreation activities because of pain in my neck.
4 ☐ Can hardly do any recreation activities because of pain in my neck.
5 ☒ Can't do any recreation activities at all.

SCORE = 44 % [points/max possible x 100]

RAW SCORE = 20

$20/45 \times 100 = 44\%$

Patient:
Date of Exam:

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Lower Extremity Functional Scale (HIP)

Please indicate whether you are having any difficulty with activities because of your lower limb problems by marking **one** answer for each activity listed below.

Activities	Extreme Difficulty Or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
Any of your usual work, household, or school activities	☐	☒	☐	☐	☐
Your usual hobbies, recreational or sporting activities	☒	☐	☐	☐	☐
Getting into or out of the bath	☐	☐	☒	☐	☐
Walking between rooms	☐	☐	☐	☐	☒
Putting on your shoes or socks	☐	☐	☐	☐	☒
Squatting	☐	☒	☐	☐	☐
Lifting an object, like a bag of groceries from the floor	☒	☐	☐	☐	☐
Performing light activities around your Home	☐	☐	☐	☒	☐
Performing heavy activities around your Home	☒	☐	☐	☐	☐
Getting into or out of a car	☐	☐	☐	☒	☐
Walking 2 blocks	☐	☒	☐	☐	☐
Walking a mile	☒	☐	☐	☐	☐
Going up or down 10 stairs (about 1 flight of stairs)	☐	☐	☒	☐	☐
Standing for 1 hour	☐	☒	☐	☐	☐
Sitting for 1 hour	☐	☐	☐	☒	☐
Running on even ground	☒	☐	☐	☐	☐
Running on uneven ground	☒	☐	☐	☐	☐
Making sharp turns running fast	☒	☐	☐	☐	☐
Hopping	☐	☐	☒	☐	☐
Rolling over in bed	☐	☐	☐	☐	☒
		4 x 1 = 4	3 x 2 = 6	3 x 3 = 9	3 x 4 = 12

SCORE = 31 /80

4
 6
 9
 12

 31