



Queensland
Government

Royal Brisbane and Women's Hospital

PATIENT QUESTIONNAIRE – BACK PAIN

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: ☐ M ☐ F ☐ I

Dear Sir / Madam

You have been referred to see one of the spinal surgeons at the Royal Brisbane and Womens Hospital. To assist us in understanding your condition and categorising the urgency of your problem, please complete this questionnaire as **ACCURATELY** as possible.

In the meantime, should your condition worsen, you should see your General Practitioner as soon as practical. Ensure that whilst you are waiting, you are fully informed of all the treatment options available for the management of your condition.

Name (print): Age:

Problems: (Tick one or more)

- ☐ Back pain ☐ Neck pain ☐ Scoliosis
☐ Sciatica ☐ Arm Pain
☐ Other:

How long have you had this problem?

..... weeks months years

Have you had surgery for this problem?

☐ Yes ☐ No

If yes, describe:

If surgery or other interventions were suggested, would you consider these options?

☐ Yes ☐ No

This questionnaire below has been designed to give the doctor information about how your neck pain has affected your ability to manage in everyday life. Please **answer each section** and mark in each section **only one box** that applies best to you. We realise that you may consider that two of the statements may apply to you, but just mark the box that most closely describes your problem.

1. Pain intensity

- ☐ I can tolerate the pain without having to use pain killers
☐ The pain is bad, but I manage without pain killers
☐ Pain killers give complete relief of pain
☐ Pain killers give partial relief of pain
☐ Pain killers give very little relief of pain
☐ Pain killers have no effect on pain, and I do not use them

2. Personal care (washing, dressing etc)

- ☐ I can look after myself normally without 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 personal care
☐ I do not get dressed, wash with difficulty and stay in bed

3. Lifting

- ☐ I can lift heavy objects without extra pain
☐ I can lift heavy objects, but it gives extra pain
☐ I can only lift heavy objects if they are on a table
☐ I can only lift light/medium objects if they are on a table
☐ I can only lift very light objects
☐ I cannot lift anything, due to pain

4. Walking

- ☐ I can walk or run without pain
☐ I can walk comfortably but running is painful
☐ Pain prevents me from walking for more than one hour
☐ Pain prevents me from walking for more than 30 minutes
☐ Pain prevents me from walking for more than 10 minutes
☐ I cannot walk more than a few steps at a time

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5. Sitting

- ☐ I can sit in any chair as long as I want
- ☐ I can only sit in a special chair as long as I want
- ☐ Pain prevents me from sitting more than one hour
- ☐ Pain prevents me from sitting for more than 30 minutes
- ☐ Pain prevents me from sitting for more than 10 minutes
- ☐ Pain prevents me from sitting at all

6. Standing

- ☐ I can stand as long as I want
- ☐ I can stand as long as I want, but it gives me extra pain
- ☐ Pain prevents me from standing for more than one hour
- ☐ Pain prevents me from standing for more than 30 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

7. Sleeping

- ☐ I sleep well
- ☐ Pain occasionally interrupts my sleep
- ☐ Pain interrupts my sleep half of the time
- ☐ Pain often interrupts my sleep
- ☐ Pain always interrupts my sleep
- ☐ I never sleep well

8. Social Life

- ☐ My social life is normal and gives me no extra pain
- ☐ My social life is normal but gives me extra pain
- ☐ Pain restricts more energetic social activities
- ☐ Pain has restricted my social life and I go out less often
- ☐ Pain has restricted my social life to home
- ☐ I have no social life because of pain

9. Travelling

- ☐ I can travel anywhere without extra pain
- ☐ I can travel anywhere, but it causes some pain
- ☐ Pain is bad, but I manage to travel over two hours
- ☐ Pain restricts me to trips of less than one hour
- ☐ Pain restricts me to trips of less than 30 minutes
- ☐ Pain prevents me from travelling except to the doctor

10. Sex Life (Optional)

- ☐ My sex life is unchanged
- ☐ My sex life is unchanged, but it causes some pain
- ☐ My sex life is nearly unchanged, but it is very painful
- ☐ My sex life is severely restricted by pain
- ☐ Pain prevents any sex life at all

Pain Scale

Mark on the line the **AVERAGE** level of your **BACK PAIN** in the past week

No Pain 0 _____ 10 Worst pain imaginable

Mark on the line the **AVERAGE** level of your **LEG PAIN** in the past week

No Pain 0 _____ 10 Worst pain imaginable

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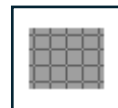
Address:

Date of Birth:

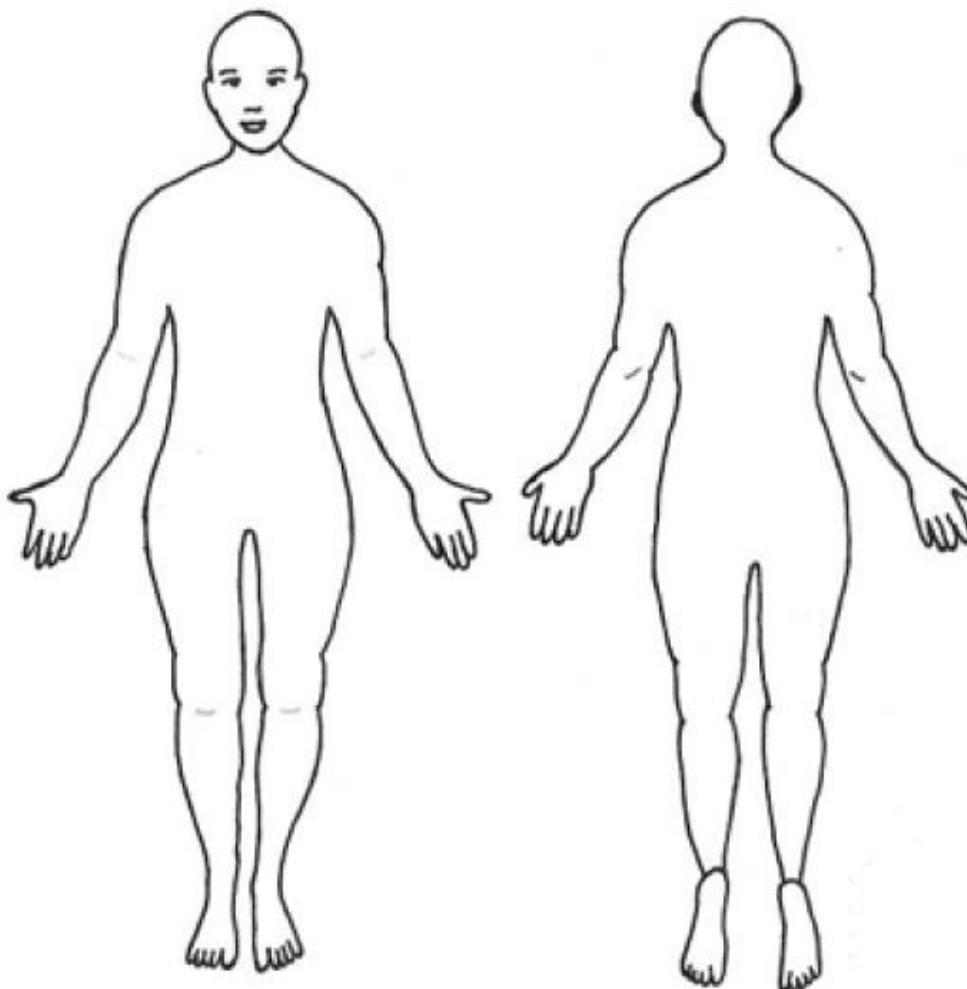
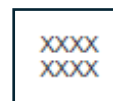
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Pain diagram

Mark areas of **PAIN** that you have on the diagram using shading



Mark areas of **TINGLING OR PINS AND NEEDLES** with **CROSSES**



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