

The JOA Back Pain Evaluation Questionnaire

With regard to your health condition during the last week, please circle the one item number of the answer for the following questions that best applies. If your condition varies depending on the day or the time, circle the item number of your condition at its worst.

- Q1-1** To alleviate low back pain, you often change your posture.
1) Yes 2) No
- Q1-2** Because of the low back pain, you lie down more often than usual.
1) Yes 2) No
- Q1-3** Your lower back is almost always aching.
1) Yes 2) No
- Q1-4** Because of the low back pain, you cannot sleep well.
(If you take sleeping pills because of the pain, select “No.”)
1) No 2) Yes
- Q2-1** Because of the low back pain, you sometimes ask someone to help you when you do something.
1) Yes 2) No
- Q2-2** Because of the low back pain, you refrain from bending forward or kneeling down.
1) Yes 2) No
- Q2-3** Because of the low back pain, you have difficulty in standing up from a chair.
1) Yes 2) No
- Q2-4** Because of the low back pain, turning over in bed is difficult.
1) Yes 2) No
- Q2-5** Because of the low back pain, you have difficulty putting on socks or stockings.
1) Yes 2) No
- Q2-6** Do you have difficulty in any one of the following motions; bending forward, kneeling or stooping?
1) I have great difficulty 2) I have some difficulty
3) I have no difficulty
- Q3-1** Because of the low back pain, you walk only short distances.
1) Yes 2) No
- Q3-2** Because of the low back pain, you stay seated most of the day.
1) Yes 2) No
- Q3-3** Because of the low back pain, you go up the stairs more slowly than usual.
1) Yes 2) No

Q3-4

Do you have difficulty in going up the stairs?

- 1) I have great difficulty
- 2) I have some difficulty
- 3) I have no difficulty

Q3-5

Do you have difficulty in walking more than 15 minutes?

- 1) I have great difficulty
- 2) I have some difficulty
- 3) I have no difficulty

Q4-1

Because of the low back pain, you do not do any routine housework these days.

- 1) No
- 2) Yes

Q4-2

Have you been unable to do your work or ordinary activities as well as you would like?

- 1) I have not been able to do them at all.
- 2) I have been unable to do them most of the time.
- 3) I have sometimes been unable to do them.
- 4) I have been able to do them most of the time.
- 5) I have always been able to do them.

Q4-3

Has your work routine been hindered because of the pain?

- 1) Greatly
- 2) Moderately
- 3) Slightly (somewhat)
- 4) Little (minimally)
- 5) Not at all

Q5-1

Because of the low back pain, you get irritated or get angry at other persons more often than usual.

- 1) Yes
- 2) No

Q5-2

How is your present health condition?

- 1) Poor
- 2) Fair
- 3) Good
- 4) Very good
- 5) Excellent

Q5-3

Have you been discouraged and depressed?

- 1) Always
- 2) Frequently
- 3) Sometimes
- 4) Rarely
- 5) Never

Q5-4

Do you feel exhausted?

- 1) Always
- 2) Frequently
- 3) Sometimes
- 4) Rarely
- 5) Never

Q5-5

Have you felt happy?

- 1) Never
- 2) Rarely
- 3) Sometimes
- 4) Almost always
- 5) Always

Q5-6

Do you think you are in decent health?

- 1) Not at all (my health is very poor)
- 2) Barely (my health is poor)
- 3) Not very much (my health is average health)
- 4) Fairly (my health is better than average)
- 5) Yes (I am healthy)

Q5-7

Do you feel your health will get worse?

- 1) Very much so
- 2) A little bit at a time
- 3) Sometimes yes and sometimes no
- 4) Not very much
- 5) Not at all

Regarding 0 as “no pain (numbness) at all” and 10 as “the most intense pain (numbness) imaginable,” mark a point between 0 and 10 on the lines below to show the degree of your pain (numbness) when your symptom was at its worst during the last week.

| | 0 | 10 |
|---|-------|----|
| Degree of low back pain | _____ | |
| Degree of pains in buttocks and lower limb | _____ | |
| Degree of numbness in buttocks and lower limb | _____ | |

0: Comfortable condition without any pain at all
10: The most intense pain (numbness) imaginable