

BACK PAIN AND SPORTS QUESTIONNAIRE

This questionnaire is designed to assess low back pain in active sportsmen and women. Please complete all the questions below, choosing the best answer.

Please tell us a little about yourself by completing the following:

Name: _____ **Sport:** _____

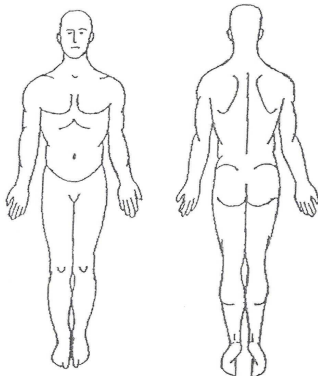
Today's Date: _____ **Height:** _____ **Weight:** _____

Date of Birth: _____ **Sex:** M _____ F _____

Address: _____

Do you have any back pain today? YES/NO

Please indicate with a cross (X) your areas of pain in your back and leg:



(Please tick one answer in each of the following)

1. How long did your most recent episode of Back Pain last?

< 1 month 1-6 months > 6 months Ongoing

2. What type of sports are you involved in and at which level?

Name of sport: _____

Handedness: Left/Right

Professional

College/University

Semi-Professional

Non-Professional

3. Did the pain originally occur while playing sport?

Yes No

4. Does the sporting activity make the pain worse?

Yes No

5. Did you suffer any other injuries?

Yes No

6. When did you return to active sports after this most recent episode?

< 1 month 1-6 months 6 - 12 months Never

7. How would you rate your current sporting ability?

Fully competitive Some limitations

Over 50% limitations Not able to do

8. How is your back pain now?

No pain ever (even with sporting activities)

Occasional pain with sporting activity

I always have pain with sporting activity
but manage with pain killers

Always have pain preventing sporting activity
needing regular pain killers

Always have pain in activities of daily living
taking regular pain killers

9. How was your back pain treated? (Tick more than one if required)

Rest only Exercise/Physiotherapy

Modified technique Manipulative therapy

Pilates Resistance/weight

Yoga Soft/Hard bracing

Massage therapy Injection

Please return the questionnaire in the prepaid envelope provided. Thank you.