

Name: _____

No: _____

WorkSafeNB internal use only – Doc. Code AOR

Modified Québec Pain Disability Scale

Date questionnaire completed: _____

INSTRUCTIONS: This questionnaire is about the way your work-related injury affects your daily life. We would like to know if you find it difficult to perform any of the activities listed below, **because of your work-related injury**. For each activity there is a scale from 0 to 5. Please choose one response option for each activity (do not skip any activities), and circle the corresponding number.

Today, do you find it difficult to perform the following activities **because of your work-related injury?**

	NOT DIFFICULT AT ALL	MINIMALLY DIFFICULT	SOMEWHAT DIFFICULT	FAIRLY DIFFICULT	VERY DIFFICULT	UNABLE TO DO
1. Get out of bed	0	1	2	3	4	5
2. Sleep through the night.....	0	1	2	3	4	5
3. Turn over in bed.....	0	1	2	3	4	5
4. Ride in a car.....	0	1	2	3	4	5
5. Stand up for 20-30 minutes.....	0	1	2	3	4	5
6. Sit in a chair for several hours.....	0	1	2	3	4	5
7. Climb one flight of stairs.....	0	1	2	3	4	5
8. Walk a few blocks (300-400 m).....	0	1	2	3	4	5
9. Walk several miles.....	0	1	2	3	4	5
10. Reach up to high shelves.....	0	1	2	3	4	5
11. Throw a ball.....	0	1	2	3	4	5
12. Run one block (about 100 m).....	0	1	2	3	4	5
13. Take food out of the refrigerator.....	0	1	2	3	4	5
14. Make your bed.....	0	1	2	3	4	5
15. Put on socks (pantyhose).....	0	1	2	3	4	5
16. Bend over to clean the bathtub.....	0	1	2	3	4	5
17. Move a chair.....	0	1	2	3	4	5
18. Pull or push heavy doors.....	0	1	2	3	4	5
19. Carry 2 bags of groceries.....	0	1	2	3	4	5
20. Lift and carry a heavy suitcase.....	0	1	2	3	4	5

Score out of 100: _____

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This form has been modified from the original Québec Back Pain Disability Scale by Kopec, J. A., J. M. Esdaile, M. Abrahamowicz, et al. in *Spine*. 1995; **20**(3): 341-52. It is intended for use to monitor progress in functional improvement of injuries in a multidisciplinary clinical treatment context.