Gainesville Physical Therapy
1296 Sims Street, Suite A
Gainesville, Georgia 30501

Phone (770) 297-1700
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Sims Physical Therapy Protocol
for
Stabilization of the Sacroiliac Joint

Patient Questionnaires

INSTRUCTIONS:

This questionnaire packet is designed to assess your sacroiliac joint pain (known as “SI joint pain”. These questionnaires will help determine how your SI joint pain affects your health and your ability to manage certain activities.

Please follow the instructions at the beginning of each questionnaire. Please answer every question. You may consider that two or more statements in any one section may apply but please just check the response that indicates the statement which is the best match.

Thank you for taking the time to complete the questionnaires!

Print Name:_____________________________ Date Completed: __________________

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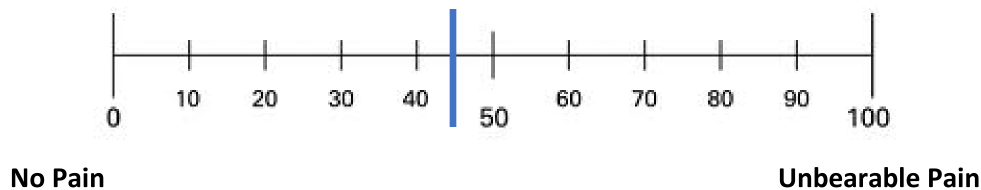
VISUAL ANALOG SCALE (VAS)

Instructions:

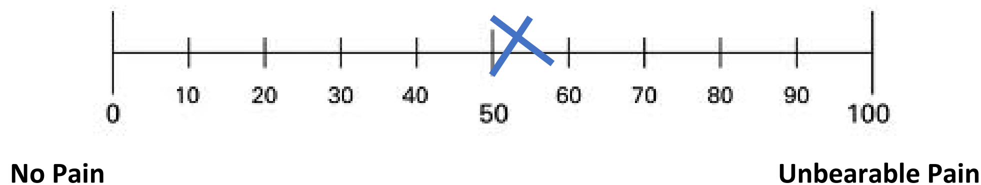
You will be asked to rate your SI joint pain using a scale of 0 to 100. SI joint pain may include pain in your lower back, hip, and/or buttocks. Please draw a vertical (up and down) line at the point along the scale that best represents your level of pain. "0" is No Pain and "100" is Unbearable Pain. Only draw one mark on the scale.

Correct example of how to mark the VAS Scale:



No Pain **Unbearable Pain**

Incorrect example of how not to mark the VAS Scale:



No Pain **Unbearable Pain**

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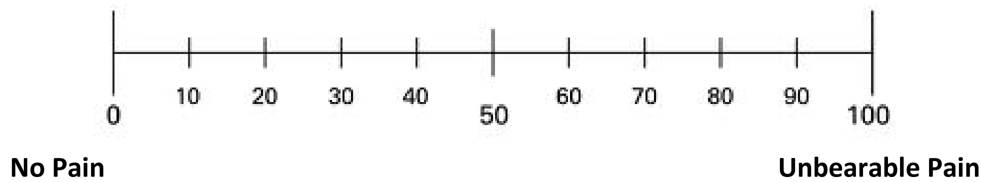
VISUAL ANALOG SCALE (Continued)

SI Joint Pain

Place a vertical line on the scale which best represents your **SI joint pain,** in the past week. You have two SI joints, one on the right side of your body and one on the left side. Please rate your general **SIJ joint pain** for the side that is being treated (if both sides, record one number). Remember that **SI joint pain** can include pain in your lower back, hip, and/or buttocks:

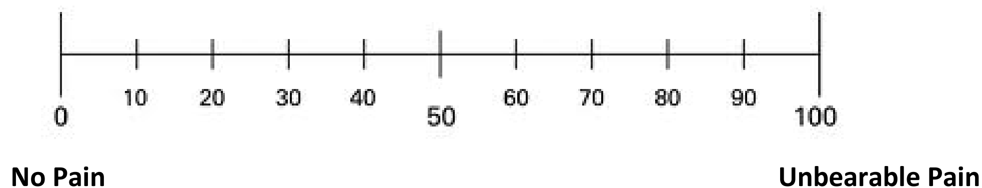


No Pain **Unbearable Pain**

Clinic use only
Score: ☐☐☐.☐☐.mm

Right Leg Pain

Place a vertical line on the scale which best represents the average pain extending down your **right leg** in the past week**:**

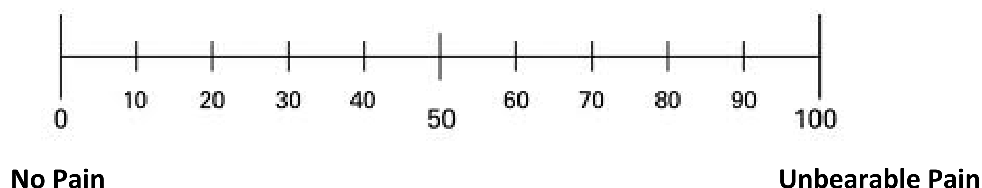


No Pain **Unbearable Pain**

Clinic use only
Score: ☐☐☐.☐☐.mm

Left Leg Pain

Place a vertical line on the scale which best represents the average pain extending down your **left leg** in the past week:



No Pain **Unbearable Pain**

Clinic use only
Score: ☐☐☐.☐☐.mm

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OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

Instructions for completing the Oswestry Disability Questionnaire

Please answer every section. Mark ONE box only in each section that most closely describes you today.

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

2. Personal care (washing, dressing, etc.)

- ☐ 0 I can look after myself normally without causing additional pain
- ☐ 1 I can look after myself normally but it is very painful
- ☐ 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 my personal care
- ☐ 5 I do not get dressed, I wash with difficulty and stay in bed

3. Lifting

- ☐ 0 I can lift heavy weights without additional pain
- ☐ 1 I can lift heavy weights but it gives additional pain
- ☐ 2 Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. 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 only very light weights
- ☐ 5 I cannot lift or carry anything at all

4. Walking

- ☐ 0 Pain does not prevent me from walking any distance
- ☐ 1 Pain prevents me from walking more than one mile
- ☐ 2 Pain prevents me from walking more than a quarter of a mile
- ☐ 3 Pain prevents me from walking more than 100 yards
- ☐ 4 I can only walk using a cane or crutches
- ☐ 5 I am in bed most of the time and have to crawl to the toilet

5. Sitting

- ☐ 0 I can sit in any chair as long as I like
- ☐ 1 I can sit in my favorite chair as long as I like
- ☐ 2 Pain prevents me from sitting for more than 1 hour
- ☐ 3 Pain prevents me from sitting for more than half an hour
- ☐ 4 Pain prevents me from sitting for more than 10 minutes
- ☐ 5 Pain prevents me from sitting at all

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OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE (Continued)

6. Standing

- ☐ 0 I can stand as long as I want without additional pain
- ☐ 1 I can stand as long as I want but it gives me additional pain
- ☐ 2 Pain prevents me from standing for more than 1 hour
- ☐ 3 Pain prevents me from standing for more than half an hour
- ☐ 4 Pain prevents me from standing for more than 10 minutes
- ☐ 5 Pain prevents me from standing at all

7. Sleeping

- ☐ 0 My sleep is never interrupted by pain
- ☐ 1 My sleep is occasionally interrupted by pain
- ☐ 2 Because of pain I have less than 6 hours sleep
- ☐ 3 Because of pain I have less than 4 hours sleep
- ☐ 4 Because of pain I have less than 2 hours sleep
- ☐ 5 Pain prevents me from sleeping at all

8. Sex life

- ☐ 0 My sex life is normal and causes no additional pain
- ☐ 1 My sex life is normal but causes some additional pain
- ☐ 2 My sex life is nearly normal but is very painful
- ☐ 3 My sex life is severely restricted by pain
- ☐ 4 My sex life is nearly non-existent because of pain
- ☐ 5 Pain prevents me from having any sex life at all

9. Social life

- ☐ 0 My social life is normal and causes me no additional 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. sport, etc.
- ☐ 3 Pain has restricted my social life and I do not go out as often
- ☐ 4 Pain has restricted my social life to home
- ☐ 5 I have no social life because of pain

10. Traveling

- ☐ 0 I can travel anywhere without pain
- ☐ 1 I can travel anywhere but it gives me additional pain
- ☐ 2 Pain is bad but I manage journeys over two hours
- ☐ 3 Pain restricts me to journeys of less than one hour
- ☐ 4 Pain restricts me to short necessary journeys under 30 minutes
- ☐ 5 Pain prevents me from traveling except to receive treatment

Clinic use only
Score: ☐☐☐

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SF – 36V2®

Instructions for completing the SF-36V2

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

For each of the following questions, please mark an ☒ in the one box that best describes your answer.

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	☐ 1	☐ 2	☐ 3
b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
c Lifting or carrying groceries	☐ 1	☐ 2	☐ 3
d Climbing several flights of stairs	☐ 1	☐ 2	☐ 3
e Climbing one flight of stairs	☐ 1	☐ 2	☐ 3
f Bending, kneeling, or stooping	☐ 1	☐ 2	☐ 3
g Walking more than a mile	☐ 1	☐ 2	☐ 3
h Walking several hundred yards	☐ 1	☐ 2	☐ 3
i Walking one hundred yards	☐ 1	☐ 2	☐ 3
j Bathing or dressing yourself	☐ 1	☐ 2	☐ 3

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SF – 36V2 (Continued)

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Cut down on the amount of time you spent on work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Accomplished less than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Were limited in the kind of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d Had difficulty performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Cut down on the amount of time you spent on work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Accomplished less than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Did work or other activities less carefully than usual	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

SF – 36V2 (Continued)

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

7. How much bodily pain have you had during the past 4 weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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SF – 36V2 (Continued)

9. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Did you feel full of life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b Have you been very nervous?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f Have you felt downhearted and depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h Have you been happy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

10. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a I seem to get sick a little easier than other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b I am as healthy as anybody I know	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c I expect my health to get worse	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d My health is excellent	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5