

Patient: _____

MR#: _____

Date: _____

The Back Pain Functional Scale (BPFS)

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your back problem for which you are currently seeking attention. Please provide an answer for each activity.

Today, do you or would you have difficulty at all with: (circle one number on each line):

Activities	Unable to perform activity	Extreme difficulty	Quite a bit of difficulty	Moderate difficulty	A little bit of difficulty	No difficulty
a. Any of your usual work, house work or school activities	0	1	2	3	4	5
b. Your usual hobbies, recreational or sporting activities	0	1	2	3	4	5
c. Performing heavy activities around your home	0	1	2	3	4	5
d. Bending and stooping	0	1	2	3	4	5
e. Putting on shoes or socks (or stockings or pantyhose)	0	1	2	3	4	5
f. Lifting a bag of groceries from the floor	0	1	2	3	4	5
g. Sleeping	0	1	2	3	4	5
h. Standing for 1 hour	0	1	2	3	4	5
i. Walking for 1 mile	0	1	2	3	4	5
j. Going up or down 2 flights of stairs (about 20 steps)	0	1	2	3	4	5
k. Sitting for 1 hour	0	1	2	3	4	5
l. Driving for 1 hour	0	1	2	3	4	5
COLUMN TOTALS:						

SCORE: _____ /60

Reference: Stratford PW Binkley JM et al. Development and initial validation of the Back Pain Functional Scale. Spine. 2000; 25: 2095-2102 (Appendix A page 2010).