

MULTIPLE INJURY FUNCTIONAL CAPACITY QUESTIONNAIRE (MIFCQ)

NAME: _____ AGE: _____ DATE: _____

PATIENT: Please fill out Sections 1 through 10. In each category, check one box that best describes your current condition.

1. CURRENT PAIN INTENSITY

- I have no pain currently.
- I have occasional pain that mildly disturbs me at work and at home.
- I have frequent annoying pain with an occasional pain that slows me down.
- I have frequent moderate pain and occasional severe pain that stop me from performing many activities.
- I have some degree of pain at all times with frequent bouts of severe pain that prevent me from performing many activities.
- I have pain all of the time, mostly severe, because of which I am unable to do most activities for myself. Medications don't help.

2. WORK ABILITY

- I am currently able to work full time with no pain.
- I work full time and have slight (annoying) symptoms that occasionally may slow me down, thus taking slightly longer to perform an activity.
- I work full time. My work output quality and/or quantity are reduced 10-20%. Symptoms vary from slight to moderate levels, which cause intermittent halting. I require assistance occasionally at work.
- I am able to work part time. I am not able to work at a normal pace beyond two hours and at a slower pace beyond 4 hours. My performance output quality and/or quantity are reduced by 30-60%.
- I am able to work part time. I am not able to work at a normal pace for more than 30-60 minutes at a time. I can work at a slower pace beyond 2 hours. My ability to perform in output is reduced by over 70%.
- I am not able to work at a normal or slower than normal pace at all. Job quality and quantity output are reduced by more than 90%. I am unable to work on a part-time status even with a flexible work schedule.

3. SPORTS, HOBBIES, AND SOCIAL ACTIVITIES

- I can perform normal sports, hobby activities, and social activities with my friends, family, or acquaintances.
- My sports, hobby, and social life is normal, but pain slows me down occasionally.
- Pain and other symptoms limit my more energetic or competitive sports, hobbies, and social activities, such as dancing and running.
- Severe pain or other symptoms limit moderate energetic sports, hobbies, and social activities. I do not go out often.
- Pain and other symptoms limit me to only minimal sports, hobbies, and social activity. I usually stay home.
- I am unable to participate in any sports, hobbies, or social activity due to pain.

4. HOME ACTIVITIES

- I can perform normal home activities such as vacuuming, cooking, cleaning, mowing the lawn, and doing laundry with no pain.
- I am able to do all normal home duties, but pain slows me down occasionally with very strenuous activities.
- Pain prohibits very strenuous home activities. I am able to do light to moderately strenuous home activities.
- Severe pain or other symptoms limit moderate and strenuous home activities. I need help doing some activities.

LOW BACK PAIN AND DISABILITY INDEX (Revised Oswestry)

PATIENT NAME: _____ DATE: _____

This questionnaire is designed to give your doctor information as to how your back pain has affected your ability to manage everyday life. Please answer each section below. Only mark the best box which most accurately describes your condition.

SECTION 1 PAIN INTENSITY

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is severe.
- The pain is severe and does not vary much.

SECTION 2 PERSONAL CARE

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing and dressing even though it causes some pain.
- Washing and dressing increase the pain but I manage not to change my way of doing it.
- Washing and dressing increase the pain and I find it necessary to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- Because of the pain I am unable to do any washing and dressing without help.

SECTION 3 LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights if it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g. on a table).
- Pain prevents me from lifting heavy weights, but I manage to lift light to medium weights if they are positioned conveniently.
- I can only lift very light weights at most.

SECTION 4 WALKING

- I have no pain walking.
- I have some pain on walking but it does not increase with distance.
- I can not walk more than a mile without increasing pain.
- I can not walk more than a 1/2 mile without increasing pain.
- I can not walk more than a 1/4 mile without increasing pain.
- I can not walk at all without increasing pain.

SECTION 5 SITTING

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than 1 hour.
- Pain prevents me from sitting more than half hour.
- Pain prevents me from sitting more than 10 minutes.
- I avoid sitting because it increases pain straight away.

SECTION 6 STANDING

- I can stand as long as I want without pain.
- I have some pain on standing but it does not increase with time.
- I cannot stand for longer than 1 hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases pain straight away.

SECTION 7 SLEEPING

- I get no pain in bed.
- I get pain in bed but it does not prevent me from sleeping well.
- Because of pain my normal night's sleep is reduced by 1/4.
- Because of pain my normal night's sleep is reduced by 1/2.
- Because of pain my normal night's sleep is reduced by 3/4.
- Pain prevents me from sleeping at all.

SECTION 8 SOCIAL LIFE

- My social life is normal and gives me no pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic activities (e.g. dancing, etc.).
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

SECTION 9 TRAVELING

- I get no pain while traveling.
- I get some pain while traveling but none of my usual traveling makes it any worse.
- I get extra pain while traveling but it does not compel me to seek other forms of travel.
- I get extra pain while traveling which does compel me to seek other forms of travel.
- Pain restricts all forms of travel.
- Pain restricts all forms of travel except that done lying down.

SECTION 10 CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates but overall it is definitely getting better.
- My pain seems to be getting better but improvement is slow at present.
- My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.