Extended Aberdeen Spine Pain Scale

SECTION A   Please answer the following questions

1. In the last two weeks, how many days did you suffer pain in the neck, back or limbs? (Please tick one box)
   - None at all
   - Between 1 and 5 days
   - Between 6 and 10 days
   - For more than 10 days

2. On the worst day during the last two weeks, how many painkilling tablets did you take? (Please tick one box)
   - None at all
   - Less than four tablets
   - Between 4 and 8 tablets
   - Between 9 and 12 tablets
   - More than 12 tablets

3. Is the pain made worse by any of the following? (Please tick all boxes that apply to you)
   - a) Coughing
   - b) Sneezing
   - c) Sitting
   - d) Bending
   - f) Tilting head back
   - g) Twisting trunk
   - h) Taking a deep breath
   - If you have neck pain
   - i) Standing
   - j) Walking
   - If you have upper back pain
   - If you have lower back pain
      - i) Standing
      - j) Walking

4. On the worst night during the last two weeks, how badly was your sleep affected by the pain? (Please tick one box)
   - Not affected at all
   - I didn’t lose any sleep but needed tablets
   - It prevented me from sleeping, but I slept more than 4 hours
   - I only had 2-4 hours sleep
   - I had less than 2 hours sleep
5. In the last two weeks, did pain prevent you from carrying out your work/housework and other daily activities? *(Please tick one box)*

- No, not at all
- I could continue with my work, but my work suffered
- Yes, for one day
- Yes, for 2-6 days
- Yes, for more than 7 days

6. In the last two weeks, for how many days have you had to stay in bed because of the pain? *(Please tick one box)*

- None at all
- Between 1 and 5 days
- Between 6 and 10 days
- For more than 10 days

7. In the last two weeks, has your sex life been affected by your pain? *(Please tick one box)*

- Not affected by the pain
- Mildly affected by the pain
- Moderately affected by the pain
- Pain prevents any sex life at all
- Does not apply

8. In the last two weeks, have your leisure activities been affected by your pain (including sports, hobbies and social life)? *(Please tick one box)*

- Not affected by the pain
- Mildly affected by the pain
- Moderately affected by the pain
- Severely affected by the pain
- Pain prevents any social life at all

9. In the last two weeks, has the pain interfered with your ability to look after yourself, e.g. washing, dressing etc.? *(Please tick one box)*

- Not at all
- Because of the pain, I needed some help looking after myself
- Because of the pain, I needed a lot of help looking after myself
- Because of the pain, I could not look after myself at all

**SECTION B**  If you have neck pain please answer the following

10. In your right arm, do you have pain in the following areas? *(Please tick all boxes that apply to you)*

- a) Pain in the shoulder
- b) Pain in the upper arm
- c) Pain in the forearm
- d) Pain in the wrist/ hand
11. In your left arm, do you have pain in the following areas?  
(Please tick all boxes that apply to you)
   a) Pain in the shoulder  
   b) Pain in the upper arm  
   c) Pain in the forearm  
   d) Pain in the wrist/ hand

12. Do you have any loss of feelings in your arms?  
(Please tick one box)
   No  
   Yes, one arm  
   Yes, both arms

13. In your right arm, do you have any weakness or loss of power in the following areas?  
(Please tick all boxes that apply to you)
   a) Pain in the shoulder  
   b) Pain in the upper arm  
   c) Pain in the forearm  
   d) Pain in the wrist/ hand

14. In your left arm, do you have any weakness or loss of power in the following areas?  
(Please tick all boxes that apply to you)
   a) Pain in the shoulder  
   b) Pain in the upper arm  
   c) Pain in the forearm  
   d) Pain in the wrist/ hand

15. Are any of the following movements limited by pain?  
(Please tick all boxes that apply to you)
   a) Looking over right shoulder  
   b) Looking over left shoulder  
   c) Bending head to the side, so that the right ear approaches right shoulder  
   d) Bending head to the side, so that the left ear approaches left shoulder  
   e) Tilting head back

16. In the last two weeks, did you suffer from headaches?  
(Please tick one box)
   I had no headaches at all  
   I had mild headaches which came infrequently  
   I had moderate headaches which came infrequently  
   I had moderate headaches which came frequently  
   I had severe headaches which came frequently  
   I had headaches which almost all the time
SECTION C  If you have upper back pain, please answer the following

17. Do you have pain in the following areas of your chest?
   (Please tick all boxes that apply to you)
   a) Upper part of chest on the right
   b) Lower part of chest on the right
   c) Upper part of chest on the left
   d) Lower part of chest on the left

18. Do you have pain in the following areas of your abdomen?
   (Please tick all boxes that apply to you)
   Upper abdomen on the right
   Lower abdomen and groin on the right
   Upper abdomen on the left
   Lower abdomen and groin on the left

19. Are any of the following movements limited by pain?
   (Please tick all boxes that apply to you)
   a) Bending trunk forward
   b) Bending trunk backwards
   c) Bending trunk to the right side
   d) Bending trunk to the left side
   e) Twisting trunk to the right whilst sitting down
   f) Twisting trunk to the left whilst sitting down

SECTION D  If you have lower back pain, please answer the following

20. In your right leg, do you have pain in the following areas?
    (Please tick all boxes that apply to you)
    a) Pain in the buttock
    b) Pain in the thigh
    c) Pain in the shin/calf
    d) Pain in the foot/ankle

21. In your left leg, do you have pain in the following areas?
    (Please tick all boxes that apply to you)
    a) Pain in the buttock
    b) Pain in the thigh
    c) Pain in the shin/calf
    d) Pain in the foot/ankle

22. Do you have any loss of feeling in your legs? (Please tick one box)
    No
    Yes, one leg
    Yes, both legs
23. In your right leg, do you have any weakness or loss of power in the following areas? *(Please tick all boxes that apply to you)*

a) The hip  
b) The knee  
c) The ankle  
d) The foot

24. In your left leg, do you have any weakness or loss of power in the following areas? *(Please tick all boxes that apply to you)*

a) The hip  
b) The knee  
c) The ankle  
d) The foot

25. If you were trying to bend forwards without bending your knees, how far down do you think you could bend before the pain stopped you? *(Please tick one box)*

I could touch the floor  
I could touch my ankles with the tips of my fingers  
I could touch my knees with the tips of my fingers  
I could touch my mid-thighs with the tips of my fingers  
I couldn’t bend forward at all

**SECTION E** If you have neck and/or upper back pain, please answer the following

26. On the worst day during the last two weeks, did the pain interfere with your ability to read? *(Please tick one box)*

I could read as much as I wanted to without pain  
I could read as much as I wanted to with mild pain  
I could read as much as I wanted to with moderate pain  
I could not read as much as I wanted because of moderate pain  
I could hardly read at all because of severe pain  
I could not read at all because of severe pain

27. On the worst day during the last two weeks, did pain interfere with your ability to drive? *(Please tick one box)*

I could drive my car without pain  
I could drive my car as long as I wanted with mild pain  
I could drive my car as long as I wanted to with moderate pain  
I could not drive my car as long as I wanted because of moderate pain  
I could hardly drive my car at all because of severe pain  
I could not drive my car because of severe pain
SECTION F  If you have upper and/or lower back pain, please answer the following

28. On the worst day during the last two weeks, how did the pain interfere with your ability to sit? (Please tick one box)

I was able to sit on any chair as I wanted
I could only sit on my favourite chair as long as I wanted
Pain prevented my from sitting more than 1 hour
Pain prevented me from sitting more than 30 minutes
Pain prevented me from sitting more than 15 minutes
Pain prevented me from sitting at all