

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Oswestry Disability Index

This questionnaire will give us information about how your back condition affects your everyday life. Please answer every section by circling the one statement that applies to you. If two or more statements in one section apply, please circle the one statement that most closely describes your problem.

### Section 1 - Pain Intensity

- A. I have no pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is the worst imaginable at the moment.

### Section 2 - Personal Care

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help but can manage most of my personal care.
- E. I need help every day in most aspects of self care.
- F. I do not get dressed, I wash with difficulty, and I stay in bed.

### Section 3 - Lifting

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

### Section 4 - Walking

- A. I have no pain on walking.
- B. I have some pain walking, but I can still walk my required normal distance.
- C. Pain prevents me from walking long distances.
- D. Pain prevents me from walking intermediate distances.
- E. Pain prevents me from walking even short distances.
- F. Pain prevents me from walking at all.

### Section 5 - Sitting

- A. I can sit in any chair as long as I like.
- B. I can sit only in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than 30 minutes.
- E. Pain prevents me from sitting more than 10 minutes.
- F. Pain prevents me from sitting at all.

### Section 6 - Standing

- A. I can stand as long as I want without pain.
- B. I have some pain on standing but it does not increase with time.
- C. Pain prevents me from standing more than one hour.
- D. Pain prevents me from standing more than 30 minutes.
- E. Pain prevents me from standing more than 10 minutes.
- F. Pain prevents me from sitting at all.

### Section 7 - Sleeping

- A. My sleep is never disturbed by pain.
- B. My sleep is occasionally disturbed by pain.
- C. Because of pain I have less than 6 hours of sleep.
- D. Because of pain I have less than 4 hours of sleep.
- E. Because of pain I have less than 2 hours of sleep.
- F. Pain prevents me from standing at all.

### Section 8 - Social Life

- A. My social life is normal and gives me no pain.
- B. My social life is normal but increases the degree of my pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests eg. dancing
- D. Pain has restricted my social life, and I do not go out very often.
- E. Pain has restricted my social life to my home.
- F. I have no social life because of pain.

### Section 9 - Travel

- A. I can travel anywhere without pain.
- B. I can travel anywhere but it gives me extra pain.
- C. Pain is bad but I manage journeys more than 2 hours.
- D. Pain restricts me to journeys less than 1 hour.
- E. Pain restricts me to short necessary journeys less than 30 minutes.
- F. Pain prevents me from traveling except to receive treatment.

### Section 10 - Employment/Homemaking

- A. My normal homemaking/job activities do not cause pain.
- B. My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- C. I can perform most of my homemaking/job activities, but pain prevents me from performing more physically stressful activities (eg. lifting, vacuuming).
- D. Pain prevents me from doing anything but light duties.
- E. Pain prevents me from doing anything but light duties
- F. Pain prevents me from performing any job or homemaking chores.

Score: \_\_\_\_\_