### The Revised Oswestry Disability Index (for low back pain/dysfunction)

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only **ONE** box that applies to you.

Section 1 - Pain Intensity	Section 6 - Standing					
$\hfill\Box$ The pain comes and goes and is very mild	$\hfill \square$ I can stand as long as I want without pain					
$\hfill\Box$ The pain is mild and does not vary much	☐ I have some pain on standing, but it does not increase with time					
$\hfill\Box$ The pain comes and goes and is moderate	$\hfill \square$ I cannot stand for longer than 1 hour without increasing pain					
$\hfill\Box$ The pain is moderate and does not vary much	☐ I cannot stand for longer than ½ hour without increasing pain					
$\hfill\Box$ The pain comes and goes and is very severe	$\hfill \square$ I cannot stand for longer than 10 minutes without increasing pain					
$\hfill\Box$ The pain is severe and does not vary much	$\hfill \square$ I avoid sitting because it increase the pain right away					
Section 2 - Personal Care	Section 7 - Sleeping					
$\hfill \square$ I would not have to change my way of washing or dressing	☐ I get no pain in bed					
$\hfill \square$ I do not normally change my way of washing or dressing even	$\hfill\Box$ I get pain in bed, but it does not prevent me from sleeping well					
though it cause some pain	$\hfill\Box$ Because of pain, my normal night's sleep is reduced by less than $1/4$					
$\hfill \square$ Washing and dressing increases the pain and I find it necessary to	$\hfill\Box$ Because of pain, my normal night's sleep is reduced by less than $1/2$					
change my way of doing it	$\hfill\Box$ Because of pain, my normal night's sleep is reduced by less than 3/4					
$\hfill \Box$ Because of the pain, I am unable to do some washing and dressing	☐ Pain prevents form sleeping at all					
without pain	Section 8 – Social Life					
☐ Because of the pain, I am unable to do any washing and dressing	$\ \square$ My social life is normal and gives me no pain					
without help	$\hfill \square$ My social life is normal, but increases the degree of pain					
Section 3 – Lifting	$\hfill\Box$ Pain has no significant effect on my social life apart from limiting my					
$\hfill \square$ I can lift heavy weights without extra pain	more energetic interests (e.g dancing, etc)					
$\hfill \square$ I can lift heavy weights, but it causes extra pain	$\hfill\Box$ Pain has restricted my social life and I do not go out very often					
$\hfill \square$ Pain prevents me from lifting heavy weights off the floor, but I	☐ Pain has restricted my social life to home					
manage if they are conveniently positioned (e.g. on a table)	$\ \square$ I have hardly any social life because of the pain					
$\hfill\Box$ Pain prevents me from lifting heavy weights, but I can manage light	Section 9 - Traveling					
to medium weights if they are conveniently positioned	☐ I get no pain while traveling					
$\hfill \square$ I can only lift very light weights at the most makes	$\hfill \square$ I get some pain while traveling, but none of usual forms of travel					
$\hfill \square$ I cannot lift or carry anything at all.	it any worse					
Section 4 – Walking	$\hfill \square$ I get extra pain while traveling, but it does not compel me to seek					
$\hfill\Box$ Pain does not prevent me from walking any distances	alternative forms of travel					
$\ \square$ Pain prevents me from walking more than 1 mile	$\hfill \square$ I get extra pain while traveling, which compels me to seek alternative					
$\hfill\Box$ Pain prevents me from walking more than ½ mile	forms of travel					
$\hfill\Box$ Pain prevents me from walking more than ½ mile	☐ Pain restricts all forms of travel					
$\hfill \square$ I can only walk while using a cane or crutches	$\hfill\Box$ Pain prevents all forms of travel except that done lying down					
$\hfill \square$ I am in bed most of the time and have to crawl to the toilet	Section 10 – Changing Degree of Pain					
Section 5 – Sitting	☐ My pain is rapidly getting better					
☐ I can sit in any chair as long as I like	$\ \square$ My pain fluctuates but is definitively getting better					
$\hfill \square$ I can only sit in my favorite chair as long as I like	$\hfill\square$ My pain seems to be getting better, but improvement is slow at present					
$\ \square$ Pain prevents me from sitting more than 1 hour	$\square$ My pain is neither getting better or worse					
☐ Pain prevents me from sitting than ½ hour	☐ My pain is gradually worsening					
☐ Pain prevents from sitting more than 10 minutes	☐ My pain is rapidly worsening					

# THIS QUESTIONNAIRE IS FOR YOUR BACK

 $\hfill \square$  I avoid sitting because it increases pain right away

## **Neck Pain Disability Index Questionnaire**

This questionnaire is designed to give the doctor information as to how your neck has affected your ability to manage your everyday activities. Please answer each section and mark in each section only **ONE** box that applies to you.

Section 1 – Pain Intensity	Section 6 - Concentration						
☐ I have no pain at the moment	$\hfill \square$ I can concentrate fully when I want with no difficulty						
☐ The pain is very mild at the moment	$\hfill \square$ I can concentrate fully when I want to with slight difficulty						
☐ The pain is moderate at the moment	$\hfill\Box$ I have a fair degree of difficulty in concentrating when I want to						
☐ The pain is fairly severe at the moment	$\hfill \square$ I have a lot of difficulty in concentrating when I want to						
☐ The pain is very severe at the moment	$\hfill\Box$ I have a great deal of difficulty in concentrating when I want to						
☐ The pain is the worst imaginable at the moment	☐ I cannot concentrate at all						
Section 2 – Personal Care (Washing, Dressing, etc)	Section 7 - Work						
☐ I can look after myself normally without causing extra pain	$\hfill\Box$ I can do as much work as I want to						
☐ I can look after myself normally, but it causes extra pain	$\ \square$ I can only do my usual work, but no more						
☐ It is painful to look after myself and I am slow and careful	☐ I can do most of my usual work, but no more						
☐ I need some help, but manage most of my personal care	☐ I cannot do my usual work						
☐ I need help every day in most aspects of self care	☐ I can hardly do any work at all						
$\hfill \square$ I do not get dressed, I wash with difficulty and stay in bed	☐ I cannot do any work at all						
Section 3 – Lifting	Section 8 - Driving						
☐ I can lift heavy weights without extra pain	☐ I can drive my car without any pain						
☐ I can lift heavy weights, but it gives extra pain	☐ I can drive my car a long as I want with slight pain						
☐ Pain prevents me from lifting heavy weights off the floor, but I	☐ I can drive my car as long as I want with moderate pain						
manage if they are conveniently positioned (e.g. on a table)	$\hfill \square$ I cannot drive my car as long as I want because of moderate pain						
☐ Pain prevents me from lifting heavy weights, but I can manage light	☐ I can hardly drive at all because of severe pain						
to medium weights if they are conveniently positioned	☐ I cannot drive my car at all						
☐ I can only lift very light weights	Section 9 - Sleeping						
☐ I cannot lift or carry anything at all.	☐ I have no trouble sleeping						
Section 4 – Reading	☐ My sleep is slightly disturbed (less than 1 hour sleepless)						
☐ I can read as much as I want to with no pain	☐ My sleep is mildly disturbed (1-2 hours sleepless)						
☐ I can read as much as I want with slight pain	☐ My sleep is moderately disturbed (2-3 hours sleepless)						
☐ I can read as much as I want with moderate pain	☐ My sleep is greatly disturbed (3-5 hours sleepless)						
☐ I cannot read as much as I want because of moderate pain	☐ My sleep is completely disturbed (5-7 hours sleepless)						
☐ I cannot read as much as I want because of severe pain	Section 10 - Recreation						
☐ I cannot read at all	☐ I am able to engage in all of my recreational activities with no pain						
Section 5 – Headaches	☐ I am able to engage in all of recreational activities with some pain						
☐ I have no headaches	☐ I am able to engage in most, but not all of my usual recreational activities						
☐ I have slight headaches that come infrequently	because of pain						
$\hfill \square$ I have moderate headaches which come infrequently of pain	$\hfill \square$ I am able to engage in a few of my usual recreational activities because						
☐ I have moderate headaches which come frequently	$\hfill \square$ I can hardly do any recreational activities because of pain						
☐ I have severe headaches which come frequently	☐ I cannot do any recreational activities at all						

# THIS QUESTIONNAIRE IS FOR YOUR NECK

 $\hfill \square$  I have headaches almost all the time

### **General Pain Disability Index Questionnaire**

The rating scales below are designed to measure the degree to which several aspects of your life are presently disrupted by chronic pain. For each of the six categories of daily living listed **PLEASE CIRCLE THE NUMBER WHICH BEST DESCRIBES YOUR TYPICAL LEVEL OF ACTIVITIES.** A score of 0 (zero) means no disability at all and a score of 10 (ten) signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

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### Roland-Morris Acute Low Back Pain Disability Questionnaire

When your back hurts, you may find it difficult to do some of the things you normally do. This list contains some sentences that people have used to describe themselves when they have back pain. As you read the list CHECK THE BOX NEXT TO THE SENTENCE(S) THAT DESCRIBES YOU TODAY.

☐ I stay at home most of the time because of my back.
☐ I change position frequently to try and get my back comfortable
☐ I walk more slowly than usual because of my back
☐ Because of my back I am not doing any of the jobs that I usually do around the house
☐ Because of my back, I use a handrail to get upstairs
☐ Because of my back, I lie down to rest more often
☐ Because of my back, I have to hold on to something to get out of an easy chair
☐ Because of my back, I try to get other people to do things for me
$\ \square$ I get dressed more slowly than usual because of my back
$\Box$ I only stand up for short periods of time because of my back
☐ Because of my back, I try not to bend or kneel down
$\Box$ I find it difficult to get out of a chair because of my back
☐ My back is painful almost all the time
$\Box$ I find it difficult to turn over in bed because of my back
☐ My appetite is not very good because of my back pain
$\hfill I$ have trouble putting on my socks (or stockings) because of the pain in my back
☐ I only walk short distances because of my back pain
☐ I sleep less well because of my back
$\hfill\square$ Because of my back pain, I get dressed with help from someone else
$\square$ I sit down for most of the day because of my back
$\square$ I avoid heavy jobs around the house because of my back
$\hfill\square$ Because of my back pain, I am more irritable and bad tempered with people than usual
☐ Because of my back, I go upstairs more slowly than usual
☐ I stay in bed most of the time because of my back

# THIS QUESTIONNAIRE IS FOR YOUR BACK