

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

- 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 very 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
- I do not normally change my way of washing or dressing even though it cause some pain
- Washing and dressing increases 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 pain
- 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, but it causes extra pain
- 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 can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights at the most makes
- I cannot lift or carry anything at all.

Section 4 – Walking

- Pain does not prevent me from walking any distances
- Pain prevents me from walking more than 1 mile
- Pain prevents me from walking more than ½ mile
- Pain prevents me from walking more than ¼ mile
- I can only walk while using a cane or crutches

- I am in bed most of the time and have to crawl to the toilet

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 than ½ hour
- Pain prevents from sitting more than 10 minutes
- I avoid sitting because it increases pain right 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 ½ hour without increasing pain
- I cannot stand for longer than 10 minutes without increasing pain
- I avoid sitting because it increase the pain right 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 less than 1/4
- Because of pain, my normal night's sleep is reduced by less than 1/2
- Because of pain, my normal night's sleep is reduced by less than 3/4
- Pain prevents form 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 interests (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 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 usual forms of travel it any worse
- I get extra pain while traveling, but it does not compel me to seek alternative forms of travel
- I get extra pain while traveling, which compels me to seek alternative forms of travel
- Pain restricts all forms of travel
 - Pain prevents 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 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

THIS QUESTIONNAIRE IS FOR YOUR BACK

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

- I have no pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

Section 2 – Personal Care (Washing, Dressing, etc)

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

Section 3 – Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights, but it gives extra pain
- 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 can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything at all.

Section 4 – Reading

- I can read as much as I want to with no pain
- I can read as much as I want with slight pain
- I can read as much as I want with moderate pain
- I cannot read as much as I want because of moderate pain
- I cannot read as much as I want because of severe pain
- I cannot read at all

Section 5 – Headaches

- I have no headaches
- I have slight headaches that come infrequently
- I have moderate headaches which come infrequently of pain
- I have moderate headaches which come frequently
- I have severe headaches which come frequently
- I have headaches almost all the time

Section 6 - Concentration

- I can concentrate fully when I want with no difficulty
- I can concentrate fully when I want to with slight difficulty
- I have a fair degree of difficulty in concentrating when I want to
- I have a lot of difficulty in concentrating when I want to
- I have a great deal of difficulty in concentrating when I want to
- I cannot concentrate at all

Section 7 - Work

- I can do as much work as I want to
- I can only do my usual work, but no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I cannot do any work at all

Section 8 - Driving

- I can drive my car without any pain
- I can drive my car as long as I want with slight pain
- I can drive my car as long as I want with moderate pain
- I cannot drive my car as long as I want because of moderate pain
- I can hardly drive at all because of severe pain
- I cannot drive my car at all

Section 9 - Sleeping

- I have no trouble sleeping
- My sleep is slightly disturbed (less than 1 hour sleepless)
- My sleep is mildly disturbed (1-2 hours sleepless)
- My sleep is moderately disturbed (2-3 hours sleepless)
- My sleep is greatly disturbed (3-5 hours sleepless)
- My sleep is completely disturbed (5-7 hours sleepless)

Section 10 - Recreation

- I am able to engage in all of my recreational activities with no pain
- I am able to engage in all of recreational activities with some pain
- I am able to engage in most, but not all of my usual recreational activities because of pain
- I am able to engage in a few of my usual recreational activities because of pain
- I can hardly do any recreational activities because of pain
- I cannot do any recreational activities at all

THIS QUESTIONNAIRE IS FOR YOUR NECK

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
- I get dressed more slowly than usual because of my back
- 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
- I find it difficult to get out of a chair because of my back
- My back is painful almost all the time
- I find it difficult to turn over in bed because of my back
- My appetite is not very good because of my back pain
- 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
- Because of my back pain, I get dressed with help from someone else
- I sit down for most of the day because of my back
- I avoid heavy jobs around the house because of my back
- 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

