

NAME: _____

DATE: _____

OSWESTRY DISABILITY INDEX QUESTIONNAIRE

This questionnaire has been designed to give us information as to how your back and leg pain is affecting your ability to manage in everyday life. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but *PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.*

SECTION 1 - Pain Intensity

- A The pain comes and goes and is very mild.
- B The pain is mild and does not vary much.
- C The pain comes and goes and is moderate.
- D The pain is moderate and does not vary much
- E The pain comes and goes and is severe.
- F The pain is severe and does not vary much.

SECTION 2 - Personal Care (Washing, Dressing, etc.)

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

SECTION 3 - Lifting

- A I can lift heavy weights without extra pain.
- B I can lift heavy weights, but it gives extra pain.
- C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.
- D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E I can lift very light weights.
- F I cannot lift or carry anything at all.

SECTION 4 - Walking

- A Pain does not prevent me walking any distance.
- B Pain prevents me from walking more than 1 mile.
- C Pain prevents me from walking more than 1/2 mile.
- D Pain prevents me from walking more than 1/4 mile.
- E I can only walk while using and cane or crutches.
- F I am in bed most of the time and have to crawl to the toilet.

SECTION 5 - Sitting

- A I can sit in any chair as long as I like without pain.
- B I can only sit 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 1/2 hour.
- 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, but it does not increase in time.
- C I can't stand for longer than 1 hr. without increasing pain.
- D I can't stand for longer than 1/2 hr. without increasing pain.
- E I can't stand for longer than 10 min without increasing pain.
- F I avoid standing, because it immediately increases the pain.

SECTION 7 - Sleeping

- A I get no pain in bed.
- B I get some pain lying in bed, but it does not prevent me from sleeping well.
- C My night's sleep is reduced by less than one quarter.
- D My night's sleep is reduced by less than one-half.
- E My night's sleep is reduced by less than three-quarters.
- F Pain prevents me from sleeping at all.

SECTION 8 - Social Life

- A My social life is normal and gives me not pain.
- B I can only sit in my favorite chair as long as I like.
- C Pain as no significant effect on my social life apart from limiting my more energetic interactions.
- 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 hardly any social life because of the pain.

SECTION 9 - Traveling

- A I have no pain while traveling.
- B I get some pain while traveling, but none of my usual forms of travel make it any worse.
- C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- D I get extra pain while traveling, which compels me to seek alternative forms of travel.
- E Pain restricts me from all forms of travel.
- F Pain prevents travel except that are done laying down.

SECTION 10 - Changing Degrees of Pain

- A My pain is rapidly getting better.
- B My pain fluctuates but overall is definitely getting better.
- C My pain seems to be getting better, but improvement is slow at present.
- D My pain is neither getting better nor worse.
- E My pain is gradually worsening.
- F My pain is rapidly worsening.

Patient Signature: _____

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NECK PAIN DISABILITY INDEX QUESTIONNAIRE

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but *PLEASE JUST CIRCLE THE ONE CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.*

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 (Washing, Dressing, etc.)

- 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 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 stay in bed.

SECTION 3 - Lifting

- A I can lift heavy weights without extra pain.
- B I can lift heavy weights, but it gives extra pain.
- C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.
- D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E I can lift very light weights.
- F I cannot lift or carry anything at all.

SECTION 4 - Reading

- A I can read as much as I want to with no pain in my neck.
- B I can read as much as I want to with slight pain in my neck.
- C I can read as much as I want to with moderate pain in my neck.
- D I cannot read as much as I want because of moderate pain in my neck.
- E I cannot read as much as I want because of severe pain in my neck.
- F I cannot read at all.

SECTION 5 - Headaches

- A I have no headaches at all.
- B I have slight headaches which come infrequently.
- C I have moderate headaches which come infrequently.
- D I have moderate headaches which come frequently.
- E I have severe headaches which come frequently.
- F I have headaches almost all the time.

SECTION 6 - Concentration

- A I can concentrate fully when I want to with no difficulty.
- B I can concentrate fully when I want to with slight difficulty.
- C I have a fair degree of difficulty in concentrating.
- D I have a lot of difficulty in concentrating.
- E I have a great deal of difficulty in concentrating.
- F I cannot concentrate at all.

SECTION 7 - Work

- A I can do as much work as I want to.
- B I can only do my usual work, but no more.
- C I can do most of my usual work, but no more.
- D I cannot do my usual work.
- E I can hardly do any work at all.
- F I cannot do any work at all.

SECTION 8 - Driving

- A I can drive without any neck pain.
- B I can drive as long as I want with slight neck pain.
- C I can drive as long as I want with moderate neck pain.
- D I cannot drive as long as I want due to moderate neck pain.
- E I can hardly drive at all because of severe neck pain.
- F I cannot drive my car at all.

SECTION 9 - Sleeping

- A I have no trouble sleeping.
- B My sleep is slightly disturbed (less than 1 hour sleepless).
- C My sleep is mildly disturbed (1-2 hours sleepless).
- D My sleep is moderately disturbed (2-3 hours sleepless).
- E My sleep is greatly disturbed (3-5 hours sleepless).
- F My sleep is completely disturbed (5-7 hours).

SECTION 10 - Recreation

- A I am able to engage in all activities without neck pain.
- B I am able to engage in all activities with some neck pain.
- C I am able to engage in most, not all due to neck pain.
- D I am able to engage in a few activities due to neck pain.
- E I can hardly do any activities due to neck pain.
- F I cannot do any recreational activities at all.

COMMENTS:

Patient Signature: _____