Oswestry Disability Index

This questionnaire has been designed to give the doctor information
as to how your pain has affected your ability to manage in ever day life. Your pain is rated from 0 (no pain and
functional) to 5 (severe pain and not functional). Please circle in each section only <u>one</u> statement, which most closely
applies to you.

Section 1: Pain Intensity
0. The pain comes and goes and is very mild.
1. The pain is mild and does not vary much.
2. The pain comes and goes and is moderate.
3. The pain is moderate and does not vary much.
4. The pain comes and goes and is severe.
5. The pain is severe and does not vary much.

Section 2: Personal Care (Washing, Dressing, etc.)
0. I can look after myself normally.
1. I can look after myself normally, but it is painful.
2. It is painful to look after myself and I am slow and careful.
3. I need some help, but I can manage more of my personal care.
4. I need help every day in most aspects of my personal care.
5. I cannot take care of myself normally.

Section 3: Lifting
0. I can lift heavy objects without extra pain.
1. I can lift heavy objects, but it gives me extra pain.
2. Pain prevents me from lifting heavy objects.
3. Pain prevents me from lifting heavy objects, but I can manage if they are conveniently positioned, e.g. on a table.
4. I can only manage light to medium objects if they are conveniently positioned.
5. I cannot lift objects at all.

Section 4: Walking
0. I have no pain walking.
1. I have some pain walking, but it does not increase with distance.
2. I cannot walk more than one mile without increasing pain.
3. I cannot walk more than 1/2 mile without increasing pain.
4. I cannot walk more than 1/4 mile without increasing pain.
5. I cannot walk at all without increasing pain.

Section 5: Sitting
0. I can sit in any chair as long as I like without pain.
1. I can sit only in my favorite chair as long as I like.
2. Pain prevents me from sitting more than 1 hour.
3. Pain prevents me from sitting more than 1/2 hour.
4. Pain prevents me from sitting for more than 10 minutes.
5. I avoid sitting because it increases pain immediately.

Section 6: Standing
0. I can stand as long as I want without pain.
1. I can stand as long as I want, but it gives me extra pain.
2. Pain prevents me from standing for more than 1 hour.
3. Pain prevents me from standing for more than 1/2 hour.
4. Pain prevents me from standing for more than 10 minutes.
5. Pain prevents me from standing at all.

Section 7: Sleeping
0. I have no pain in bed.
1. My sleep is occasionally disturbed by pain.
2. Because of pain, I have less than 6 hours of sleep.
3. Because of pain, I have less than 4 hours of sleep.
4. Because of pain, I have less than 2 hours of sleep.
5. Pain prevents me from sleeping at all.

Section 8: Social Life
0. My social life is normal and gives me no extra pain.
1. My social life is normal, but increases the degree of pain.
2. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. dancing, etc.
3. Pain has restricted my social life and I do not go out very often.
4. Pain has restricted my social life to my home.
5. I have hardly any social life because of the pain.

Section 9: Traveling
0. I can travel anywhere without pain.
1. I can travel anywhere I want with slight pain.
2. I can travel anywhere I want with moderate pain
3. I cannot travel as long as I want because of moderate pain.
4. I can hardly travel because of severe pain.
5. Pain prevents me from traveling at all.

Section 10: Changing Degree of Pain
0. My pain is rapidly getting better.
1. My pain fluctuates, but overall is definitely getting better.
2. My pain seems to be getting better, but it is slow.
3. My pain is not getting better or getting worse.
4. My pain is gradually getting worse.
5. My pain is rapidly getting worse.

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POINTS SCORED: _____ out of 50 PERCENTAGE SCORED: _____%