

Oswestry Disability Index

Patient Name: _____ Date: _____

Please Read: This questionnaire is designed to enable us to understand how much your back and/or leg pain has affected your ability to manage everyday activities. Please answer each section by circling **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 **one choice** which 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 increase the pain, but I manage not to change my way of doing it.
- D. Washing and dressing increase 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.
- 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 walking.
- B. I have some pain walking but it does not increase with distance.
- C. I cannot walk more than one mile without increasing pain.
- D. I cannot walk more than 1/2 mile without increasing pain.
- E. I cannot walk more than 1/4 mile without increasing pain.
- F. I cannot walk at all without increasing pain.

SECTION 5: Sitting

- A. I can sit in any chair as long as I like without pain.
- B. I can sit only in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than 1 hour.
- D. Pain prevents me from sitting more than 1/2 hour.
- E. Pain prevents me from sitting for more than 10 min.
- F. I avoid sitting because it increases pain immediately.

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. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than 1/2 hour without increasing pain.
- E. I cannot stand for longer than 10 min. without increasing pain.
- F. I avoid standing, because it increases the pain immediately.

SECTION 7: Sleeping

- A. I have no pain in bed.
- B. I have pain in bed but it does not prevent me from sleeping well.
- C. Because of pain, my normal night's sleep is reduced by less than 1/4.
- D. Because of pain, my normal night's sleep is reduced by less than 1/2.
- E. Because of pain, my normal night's sleep is reduced by less than 3/4.
- F. Pain prevents me from sleeping at all.

SECTION 8: Social Life

- A. My social life is normal and gives me no extra pain.
- B. My social life is normal, but increases the degree of pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- 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 have some pain while traveling, but none of my usual forms of travel make it any worse.
- C. I have extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- D. I have extra pain while traveling which compels me to seek alternative forms of travel.
- E. Pain restricts all forms of travel.
- F. Pain prevents all forms of travel except that done lying down.

SECTION 10: Changing Degree 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.
- D. My pain is neither getting better nor getting worse.
- E. My pain is gradually getting worse.
- F. My pain is rapidly worsening.

DISABILITY INDEX SCORE: % _____