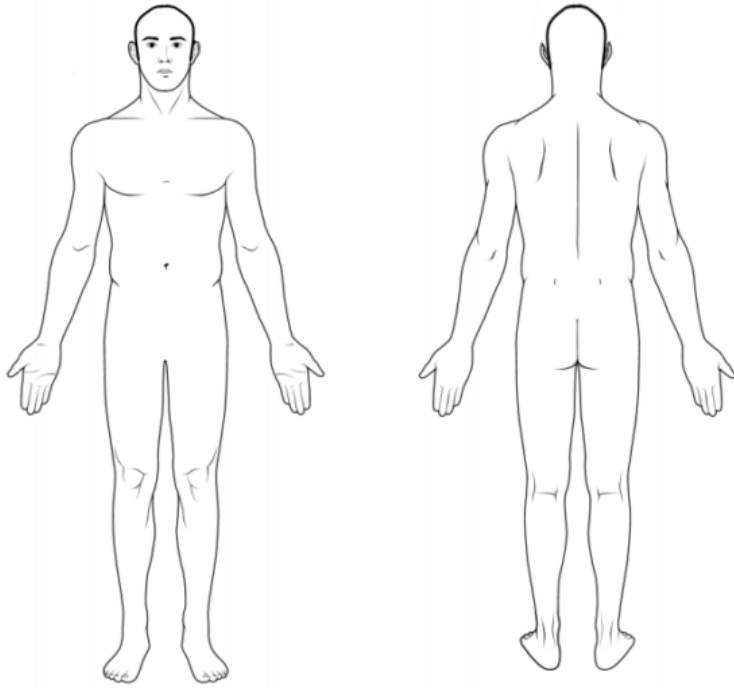


Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 1**

Please mark a “**X**” on the body part(s) where you have **Pain**

Please mark an “**O**” on the body part(s) where you have **Numbness**



**PART 2** \*PLEASE CHECK THE NUMBERS TO INDICATE YOUR TYPICAL PAIN LEVEL

**NECK**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain							Worst Pain			

**BACK**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain							Worst Pain			

**RIGHT ARM**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain							Worst Pain			

**RIGHT LEG**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain							Worst Pain			

**LEFT ARM**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain							Worst Pain			

**LEFT LEG**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
No Pain							Worst Pain			

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please read:** This questionnaire is designed to enable us to better understand how much your lower back pain has affected your ability to manage everyday activities. Please answer each section by circle **ONLY ONE CHOICE** that most applies to you. I realize that one statement may/may not exactly relate to you but circle the one choice that most closely describes your pain at this time.

**SECTION 1 PAIN INTENSITY**

- (0) [ ] The pain comes/goes and is very mild.
- (1) [ ] The pain is mild and does not vary much.
- (2) [ ] The pain comes/goes and is moderate.
- (3) [ ] The pain is moderate and does not vary much.
- (4) [ ] The pain comes/goes and is very intense.
- (5) [ ] The pain is very severe and does not vary much.

**SECTION 2 TRAVELING**

- (0) [ ] I get no pain while traveling.
- (1) [ ] I get some pain while traveling but none of my usual forms of travel make it worse.
- (2) [ ] I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- (3) [ ] I get extra pain while traveling which causes me to seek alternate forms of travel.
- (4) [ ] Pain restricts all forms of travel except that done while lying down.
- (5) [ ] Pain restricts all forms of travel.

**SECTION 3 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 affect on my social life apart from limiting my more energetic interests. (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 my pain.

**SECTION 4 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 improvement is slow.
- (3) [ ] My pain is neither getting better or worse.
- (4) [ ] My pain is gradually worsening.
- (5) [ ] My pain is rapidly getting worse.

**SECTION 5 PERSONAL CARE**

- (0) [ ] I do not have to change my way of washing or dressing in order to avoid pain.
- (1) [ ] I do not normally change my way of washing or dressing even though it causes some pain.
- (2) [ ] Washing and dressing increases the pain but I manage not to change my way of doing it.
- (3) [ ] Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- (4) [ ] Because of my pain, I am unable to do *some* washing and dressing without help.
- (5) [ ] Because of my pain, I am unable to do washing and dressing without help.

**SECTION 6 SLEEPING**

- (0)  I get no pain in bed.
- (1)  I get pain in bed but it does not prevent me from sleeping well.
- (2)  Because of the pain, my normal sleep is reduced by less than 25%
- (3)  Because of the pain, my normal sleep is reduced by less than 50%
- (4)  Because of the pain, my normal sleep is reduced by less than 75%
- (5)  Pain prevents me from sleeping at all.

**SECTION 7 SITTING**

- (0)  I can sit in any chair as long as I like.
- (1)  I can only sit in my favorite chair as long as I like.
- (2)  Pain prevents me from sitting for more than 1 hour.
- (3)  Pain prevents me from sitting for more than 30 minutes.
- (4)  Pain prevents me from sitting for more than 10 minutes.
- (5)  I avoid sitting because it increases pain immediately.

**SECTION 8 STANDING**

- (0)  I can stand as long as I want without pain.
- (1)  I have some pain while standing, but it does not increase the time.
- (2)  I cannot stand for longer than 1 hour without increasing pain.
- (3)  I cannot stand for longer than 30 minutes without increasing pain.
- (4)  I cannot stand for longer than 10 minutes without increasing pain.
- (5)  I avoid standing because it increases pain immediately.

**SECTION 9 WALKING**

- (0)  I have no pain while walking.
- (1)  I have some pain while walking but it does not increase with distance.
- (2)  I cannot walk for more than 1 mile without increasing pain.
- (3)  I cannot walk for more than 1/2 mile without increasing pain.
- (4)  I cannot walk for more than 1/4 mile without increasing pain.
- (5)  I cannot walk at all without increasing pain.

**SECTION 10 LIFTING**

- (0)  I can lift heavy weights without extra pain.
- (1)  I can lift heavy weights but it causes extra pain.
- (2)  Pain prevents me from lifting heavy weights off the floor.
- (3)  Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (i.e. on a table)
- (4)  Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- (5)  I can only lift very light weights.

**BACK INDEX SCORE \_\_\_\_\_ / 50**

**Please read:** This questionnaire is designed to enable us to better understand how much your lower back pain has affected your ability to manage everyday activities. Please answer each section by circle **ONLY ONE CHOICE** that most applies to you. I realize that one statement may/may not exactly relate to you but circle the one choice that most closely describes your *pain at this time*.

Sources: Fairbank JCT & Pynsent, PB (2000) *The Oswestry Disability Index. Spine, 25(22):2940-2953.*

Davidson M & Keating J (2001) *A comparison of five low back disability questionnaires: reliability and responsiveness. Physical Therapy 2002;82:8-24.*

The Oswestry Disability Index (also known as the Oswestry Low Back Pain Disability Questionnaire) is an extremely important tool that researchers and disability evaluators use to measure a patient's permanent functional disability. The test is considered the 'gold standard' of low back functional outcome tools.

### **SCORING:**

For each section the total possible score is 5: if the first statement is marked the section score = 0; if the last statement is marked, it = 5. If all 10 sections are completed the score is calculated as follows:

Example: 16 (total scored)  
 $50$  (total possible score)  $\times 100 = 32\%$

If one section is missed or not applicable the score is calculated:  
16 (total scored)  
 $45$  (total possible score)  $\times 100 = 35.5\%$

Minimum detectable change (90% confidence): 10% points (change of less than this may be attributable to error in the measurement)

### **INTERPRETATION OF SCORING:**

**0% to 20%:** minimal disability: The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.

**21%-40%:** moderate disability: The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.

**41%-60%:** severe disability: Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.

**61%-80%:** crippled: Back pain impinges on all aspects of the patient's life. Positive intervention is required.

**81%-100%:** These patients are either bed-bound or exaggerating their symptoms.

