

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### OSWESTRY DISABILITY INDEX QUESTIONNAIRE

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.

<p><b>SECTION 1 - Pain Intensity</b></p> <p>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.</p>	<p><b>SECTION 6 - Standing</b></p> <p>0 I can stand as long as I want without pain.            1 I have some pain, but it does not increase with time.            2 I can't stand for longer than 1 hr without increasing pain.            3 I can't stand for longer than 1/2 hr without increasing pain.            4 I can't stand for longer than 10 min without increasing pain.            5 I avoid standing, because it immediately increases the pain.</p>
<p><b>SECTION 2 - Personal Care (Washing, Dressing, etc.)</b></p> <p>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 the pain, I am unable to do some washing and dressing without help.            5 Because of the pain, I am unable to do any washing and dressing without help.</p>	<p><b>SECTION 7 - Sleeping</b></p> <p>1 I have no pain in bed.            2 I get some pain laying in bed, but it does not prevent me from sleeping well.            3 My night's sleep is reduced by less than one quarter.            4 My night's sleep is reduced by less than one-half.            5 My night's sleep is reduced by less than three-quarters.            6 Pain prevents me from sleeping at all.</p>
<p><b>SECTION 3 - Lifting</b></p> <p>0 I can lift heavy weights without extra pain.            1 I can lift heavy weights, but it gives extra pain.            2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned.            3 Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.            4 I can lift very light weights.            5 I cannot lift or carry anything at all.</p>	<p><b>Section 8 - Social Life</b></p> <p>1 My social life is normal and gives me no pain.            2 I can sit in my favorite chair as long as I like.            3 Pain has no significant affect on my social life apart from limiting my more energetic interactions.            4 Pain has restricted my social life and I do not go out very often.            5 Pain has restricted my social life to my home.            6 I have hardly any social life because of the pain.</p>
<p><b>SECTION 4 - Walking</b></p> <p>0 Pain does not prevent me walking any distance.            1 Pain prevents me from walking more than 1 mile.            2 Pain prevents me from walking more than 1/2 mile.            3 Pain prevents me from walking more than 1/4 mile.            4 I can only walk while using a cane or crutches.            5 I am in bed most of the time and have to crawl to the toilet.</p>	<p><b>SECTION 9 - Traveling</b></p> <p>0 I have no pain while traveling.            1 I get some pain while traveling, but none of my usual forms of travel make it any worse.            2 I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.            3 I get extra pain while traveling, which compels me to seek alternative forms of travel.            4 Pain restricts me from all forms of travel.            5 Pain prevents travel except that are done laying down.</p>
<p><b>SECTION 5 - Sitting</b></p> <p>1 I can sit in my chair as long as I like without pain.            2 I can sit in my favorite chair as long as I like.            3 Pain prevents me from sitting more than one hour.            4 Pain prevents me from sitting more than 1/2 hour.            5 Pain prevents me from sitting more than 10 minutes.            6 Pain prevents me from sitting at all.</p>	<p><b>SECTION 10 - Changing Degrees of Pain</b></p> <p>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 at present.            3 My pain is neither getting better nor worse.            4 My pain is gradually worsening.            5 My pain is rapidly worsening.</p>