

## Oswestry Disability Questionnaire

This questionnaire has been designed to give us information as to how your **back or leg pain** is affecting your ability to manage in everyday life. Please answer by checking **one box in each section** for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply, but please just shade out the spot that indicates the statement which **most clearly describes your problem**.

### Section 1: Pain Intensity

- I have not pain at the moment
- The pain is very mild at the moment
- The pain is moderate at the moment
- The pain is fairly severe at the moment
- The pain is very severe at the moment
- The pain is the worst imaginable at the moment

### Section 2: Personal Care (eg. washing, dressing)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after and I am slow and careful
- I need some help but can manage most of my personal care
- I need help everyday in most aspects of self-care
- I do not get dressed , wash with with difficulty and stay in bed

### Section 3: Lifting

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives me extra pain
- Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on a table)
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- I can only lift very light weights
- I cannot lift or carry anything

### Section 4: Walking\*

- Pain does not prevent me walking any distance
- Pain prevents me from walking more than a mile
- Pain prevents me from walking more than ½ mile
- Pain prevents me from walking more than 100 yards
- I can only walk using a stick or crutches
- I am in bed most of the time

### Section 5: Sitting

- I can sit in any chair as long as I like
- I can only sit in my favorite chair as long as I like
- Pain prevents more sitting more than an hour
- Pain prevents me from sitting more than 30 minutes
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

### Section 6: Standing

- I can stand as long as I want without extra pain
- I can stand as long as I want but it gives me extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing at all

### Section 7: Sleeping

- My sleep is never disturbed by pain
- My sleep is occasionally disturbed by pain
- Because of pain I have less than 6 hours of sleep
- Because of pain I have less than 4 hours of sleep
- Because of pain I have less than 2 hours of sleep
- Pain prevents me from sleeping at all

### Section 8: Sex Life (if applicable)

- My sex life is normal and causes no extra pain
- My sex life is normal but causes some extra pain
- My sex life is nearly normal but is very painful
- My sex life is severely restricted by pain
- My sex life is nearly absent because of pain
- Pain prevents any sex life at all

### Section 9: Social Life

- My social life is normal and gives me no extra pain
- My social life is normal but increases the degree of pain
- Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g sport)
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

### Section 10: Traveling

- I can travel anywhere without pain
- I can travel anywhere but it does give me extra pain
- Pain is bad but I can manage journeys over two hours
- Pain restricts me to take journeys of less than one hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from traveling except to receive treatment

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SCORE: \_\_\_\_\_

**NECK PAIN DISABILITY INDEX QUESTIONNAIRE**

**PLEASE READ:** 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 **SHADING OUT** 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 SHADE OUT THE ONE. CHOOSE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

<p><i>SECTION 1 - Pain Intensity</i></p> <p><input type="radio"/> I have no pain at the moment.</p> <p><input type="radio"/> The pain is very mild at the moment.</p> <p><input type="radio"/> The pain is moderate at the moment.</p> <p><input type="radio"/> The pain is fairly severe at the moment.</p> <p><input type="radio"/> The pain is very severe at the moment.</p> <p><input type="radio"/> The pain is the worst imaginable at the moment.</p>	<p><i>SECTION 6 - Concentration</i></p> <p><input type="radio"/> I can concentrate fully when I want to with no difficulty.</p> <p><input type="radio"/> I can concentrate fully when I want to with slight difficulty.</p> <p><input type="radio"/> I have a fair degree of difficulty in concentrating when I want to.</p> <p><input type="radio"/> I have a lot of difficulty in concentrating when I want to.</p> <p><input type="radio"/> I have a great deal of difficulty in concentrating when I want to.</p> <p><input type="radio"/> I cannot concentrate at all.</p>
<p><i>SECTION 2 - Personal care (washing, Dressing, etc.)</i></p> <p><input type="radio"/> I can look after myself normally without causing extra pain.</p> <p><input type="radio"/> I can look after myself normally but it causes extra pain.</p> <p><input type="radio"/> It is painful to look after and I am slow and careful.</p> <p><input type="radio"/> I need some help but can manage most of my personal care.</p> <p><input type="radio"/> I need help everyday in most aspects of self-care.</p> <p><input type="radio"/> I do not get dressed , wash with with difficulty and stay in bed.</p>	<p><i>SECTION 7 - Work</i></p> <p><input type="radio"/> I can do as much work as I want to.</p> <p><input type="radio"/> I can only do my usual work, but no more.</p> <p><input type="radio"/> I can do most of my usual work, but no more.</p> <p><input type="radio"/> I cannot do my usual work.</p> <p><input type="radio"/> I can hardly do any work at all.</p> <p><input type="radio"/> I cannot do any work at all.</p>
<p><i>Section 3 - Lifting</i></p> <p><input type="radio"/> I can lift heavy weights without extra pain.</p> <p><input type="radio"/> I can lift heavy weights but it gives me extra pain.</p> <p><input type="radio"/> Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on a table).</p> <p><input type="radio"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.</p> <p><input type="radio"/> I can only lift very light weights.</p> <p><input type="radio"/> I cannot lift or carry anything.</p>	<p><i>SECTION 8 - Driving</i></p> <p><input type="radio"/> I can drive my car without any neck pain.</p> <p><input type="radio"/> I can drive my car as long as I want with slight pain in my neck.</p> <p><input type="radio"/> I can drive my car as long as I want with moderate pain in my neck.</p> <p><input type="radio"/> I cannot drive my car as long as I want because of moderate pain in my neck.</p> <p><input type="radio"/> I can hardly drive at all because of severe pain in my neck.</p> <p><input type="radio"/> I cannot drive my car at all.</p>
<p><i>SECTION 4- Reading</i></p> <p><input type="radio"/> I can read as much as I want to with no pain in my neck.</p> <p><input type="radio"/> I can read as much as I want to with slight pain in my neck.</p> <p><input type="radio"/> I can read as much as I want to with moderate pain in my neck.</p> <p><input type="radio"/> I cannot read as much as I want because of moderate pain in my neck.</p> <p><input type="radio"/> I cannot read as much as I want because of severe pain in my neck.</p> <p><input type="radio"/> I cannot read at all.</p>	<p><i>SECTION 9 - Sleeping</i></p> <p><input type="radio"/> I have no trouble sleeping.</p> <p><input type="radio"/> My sleep is slightly disturbed (less than 1 hour sleepless)</p> <p><input type="radio"/> My sleep is mildly disturbed (1-2 hours sleepless).</p> <p><input type="radio"/> My sleep is moderately disturbed (2-3 hours sleepless).</p> <p><input type="radio"/> My sleep is greatly disturbed (3-5 hours sleepless).</p> <p><input type="radio"/> My sleep is completely disturbed (5-7 hours).</p>
<p><i>SECTION 5 - Headaches</i></p> <p><input type="radio"/> I have no headaches at all.</p> <p><input type="radio"/> I have slight headaches which come infrequently.</p> <p><input type="radio"/> I have moderate headaches which come infrequently.</p> <p><input type="radio"/> I have moderate headaches that come frequently.</p> <p><input type="radio"/> I have severe headaches which come frequently.</p> <p><input type="radio"/> I have headaches almost all the time.</p>	<p><i>SECTION 10 - Recreation</i></p> <p><input type="radio"/> I am able to engage in all of my recreational activities with no neck pain at all.</p> <p><input type="radio"/> I am able to engage in all of my recreational activities with some pain in my neck</p> <p><input type="radio"/> I am able to engage in most, but not all of my recreational activities because of pain in my neck.</p> <p><input type="radio"/> I am able to engage in a few of my recreational activities because of pain in my neck.</p> <p><input type="radio"/> I can hardly do any recreational activities because of pain in my neck.</p> <p><input type="radio"/> I cannot do any recreational activities at all.</p>

**COMMENTS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SCORE:** \_\_\_\_\_