



Pt. Name: _____ Pt. DOB: _____

Oswestry Disability Questionnaire

Please check off one answer for each box

Pain Intensity

1)___ I have no pain at the moment

2)___ The pain is very mild at the moment

3)___ The pain is moderate at the moment

4)___ The pain is fairly severe at the moment

5)___ The pain is very severe at the moment

6)___ The pain is worst imaginable at the moment

Personal Care (Washing, Dressing, etc.)

1)___ I can look after myself normally without causing extra pain

2)___ I can look after myself normally but it causes extra pain

3)___ It is painful to look after myself and I am slow and careful

4)___ I need some help, but manage most of my personal care

5)___ I need help every day in most aspects of self-care

6)___ I do not get dressed; I wash with difficulty and stay in bed

Lifting

1)___ I can lift heavy weights without extra pain

2)___ I can lift heavy weights but it gives extra pain

3)___ Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently placed e.g. 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

6)___ I cannot lift or carry anything

Walking

1)___ Pain does not prevent me walking any distance

2)___ Pain prevents me from walking more than 2 kilometers

3)___ Pain prevents me from walking more than 1 kilometer

4)___ Pain prevents me from walking more than 500 meters

5)___ I can only walk using a stick or crutches

6)___ I am in bed most of the time



Brevard Orthopaedic Spine and Pain Clinic, Inc.
THE B.A.C.K. CENTER

Pt. Name: _____ Pt. DOB: _____

Only for Back Pain Patients
Oswestry Disability Questionnaire cont.

Please check off one answer for each box

Sitting

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

Standing

- 1)___ I can stand as long as I want without extra pain
- 2)___ I can stand as long as I want but it gives me extra pain
- 3)___ Pain prevents me from standing more than 1 hour
- 4)___ Pain prevents me from standing more than 30 minutes
- 5)___ Pain prevents me from standing more than 10 minutes
- 6)___ Pain prevents me from standing at all

Sleeping

- 1)___ I can sit in any chairs as long as I like
- 2)___ I can only sit in my favorite chair as long as I like
- 3)___ Pain prevents me sitting more than one hour
- 4)___ Pain prevents me from sitting more than 30 minutes
- 5)___ Pain prevents me from sitting more than 10 minutes
- 6)___ Pain prevents me from sitting at all

Sex Life

- ___ Not applicable
- 1)___ My sex life is normal and causes no extra pain
- 2)___ My sex life is normal and causes some extra pain
- 3)___ My sex life is nearly normal but is very painful
- 4)___ My sex life is severely restricted by pain
- 5)___ My sex life is nearly absent because of pain
- 6)___ Pain prevents any sex life at all

Only



Pt. Name: _____ Pt. DOB: _____

for Back Pain Patients
Oswestry Disability Questionnaire cont.

Please check off one answer for each box

Social Life

Traveling

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

- 1)___ I can travel anywhere without pain
- 2)___ I can travel anywhere but if gives me extra pain
- 3)___ Pain is bad but I manage journeys over two hours
- 4)___ Pain restricts me to journeys of less than one hour
- 5)___ Pain restricts me to short necessary journeys under 30 minutes
- 6)___ Pain prevents me from traveling except to receive treatment

For Internal Use Only

1 = 0 2 = 1 3 = 2 4 = 3 5 = 4 6 = 5

If ALL sections are answered, Total points = _____/50 = _____

For every section not answered deduct 5 points

Ex. Sex life is N/A so the Total points would be divided into 45, Total points = _____/45 = _____

Total Points = _____/_____ = _____ Total Score



Pt. Name: _____ Pt. DOB: _____

Neck Disability Index

Please check off one answer for each box

Pain Intensity

- 1)___ I have no pain at the moment
- 2)___ The pain is very mild at the moment
- 3)___ The pain is moderate at the moment
- 4)___ The pain is fairly severe at the moment
- 5)___ The pain is very severe at the moment
- 6)___ The pain is worst imaginable at the moment

Personal Care (Washing, Dressing, etc.)

- 1)___ I can look after myself normally without causing extra pain
- 2)___ I can look after myself normally but it cause extra pain
- 3)___ It is painful to look after myself and I am slow and careful
- 4)___ I need some help, but manage most of my personal care
- 5)___ I need help every day in most aspects of self-care
- 6)___ I do not get dressed; I wash with difficulty and stay in bed

Lifting

- 1)___ I can lift heavy weights without extra pain
- 2)___ I can lift heavy weights but it gives extra pain
- 3)___ Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently place e.g. 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
- 6)___ I cannot lift or carry anything

Reading

- 1)___ I can read as much as I want to, with no pain in my neck
- 2)___ I can read as much as I want to, with slight pain in my neck
- 3)___ I can read as much as I want to, with moderate pain in my neck
- 4)___ I can read as much as I want to, because of moderate pain in my neck
- 5)___ I can hardly read at all, because of severe pain in my neck
- 6)___ I cannot read at all



Brevard Orthopaedic Spine and Pain Clinic, Inc.
THE B.A.C.K. CENTER

Pt. Name: _____ Pt. DOB: _____

Neck Disability Index cont.

Please check off one answer for each box

Headache

- 1)___ I have no headaches at all
- 2)___ I have slight headaches that come infrequently
- 3)___ I have moderate headaches that come infrequently
- 4)___ I have moderate headaches that come frequently
- 5)___ I have severe headaches that come frequently
- 6)___ I have headaches almost all the time

Concentration

- 1)___ I can concentrate fully when I want to, with no difficulty
- 2)___ I can concentrate fully when I want to, with slight difficulty
- 3)___ I have a fair degree of difficulty in concentrating when I want to
- 4)___ I have a lot of difficulty in concentrating when I want to
- 5)___ I have a great deal difficulty in concentrating when I want to
- 6)___ I cannot concentrate at all

Work

- 1)___ I can do as much work as I want to
- 2)___ I can do my usual work, but no more
- 3)___ I can do most of my usual work, but no more
- 4)___ I cannot do my usual work
- 5)___ I can hardly do any work at all
- 6)___ I can't do any work at all

Driving

- ___ Not applicable, I don't drive regardless
- 1)___ I can drive my car without any neck pain
- 2)___ I can drive my car as long as I want, with slight pain in my neck
- 3)___ I can drive my car as long as I want, with moderate pain in my neck
- 4)___ I can't drive my car as long as I want, because of moderate pain in my neck
- 5)___ I can hardly drive at all, because of severe pain in my neck
- 6)___ I can't drive my car at all



Brevard Orthopaedic Spine and Pain Clinic, Inc.
THE B.A.C.K. CENTER

Pt. Name: _____ Pt. DOB: _____

Neck Disability Index cont.

Please check off one answer for each box

Sleeping

- 1)___ I have no trouble sleeping
- 2)___ My sleep is slightly disturbed (less than 1 hr. sleepless)
- 3)___ My sleep is mildly disturbed (1-2 hrs. sleepless)
- 4)___ My sleep is moderately disturbed (2-3 hrs. sleepless)
- 5)___ My sleep is greatly disturbed (3-5 hrs. sleepless)
- 6)___ My sleep is completely disturbed (5-7 hrs. sleepless)

Recreation

- 1)___ I am able to engage in all my recreation activities, with no neck pain at all
- 2)___ I am able to engage in all my recreation activities, with some neck pain
- 3)___ I am able to engage in most, but not all, of my usual recreation activities
- 4)___ I am able to engage in few of my recreation activities, because of pain in my neck
- 5)___ I can hardly do any recreation activities, because of pain in my neck
- 6)___ I can't do any recreation activities at all

For Internal Use Only

1 = 0 2 = 1 3 = 2 4 = 3 5 = 4 6 = 5

If ALL sections are answered, Total points = _____/50 = _____

For every section not answered deduct 5 points

Ex. Driving is N/A so the Total points would be divided into 45, Total points = _____/45 = _____

Total Points = _____/_____ = _____ Total Score