



South Bend Orthopaedic Spine Care

Oswestry Low Back Disability Index 2.1

Name : _____ Date: _____

This questionnaire gives us information as to how your back affects your everyday life. Please answer every section with one answer. Describe your status today.

Pain Intensity

- ⓪ I have no pain at the moment
- ① The pain is very mild at the moment
- ② The pain is moderate at the moment
- ③ The pain is fairly severe at the moment
- ④ The pain is very severe at the moment
- ⑤ The pain is the worst imaginable at the moment

Personal Care

- ⓪ I can look after myself normally without it causing extra pain
- ① I can look after myself normally by it is very painful
- ② It is painful to look after myself and I am slow and careful
- ③ I need some help but manage most of my personal care
- ④ I need help every day in most aspects of self care
- ⑤ I do not get dressed, wash with difficulty and stay in bed

Lifting

- 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 on a table
- ③ Pain prevents me from lifting heavy weights but I can manage light to medium weights from a table
- ④ I can lift only very light weights
- ⑤ I cannot lift or carry anything at all

Walking

- ⓪ Pain does not prevent me from walking
- ① Pain prevents me from walking more than a mile
- ② Pain prevents me from walking more than a quarter mile
- ③ Pain prevents me from walking more than 100 yards
- ④ I can only walk using a cane or crutches
- ⑤ I am in bed most of the time and have to crawl to the toilet

Sitting

- ⓪ I can sit in a chair as long as I like
- ① I can sit in my favorite chair as long as I like
- ② Pain prevents me from sitting more than one hour
- ③ Pain prevents me from sitting more than a half an hour
- ④ Pain prevents me from sitting more than 10 minutes
- ⑤ Pain prevents me from sitting at all

Standing

- ⓪ I can stand as long as I want without extra pain
- ① I can stand as long as I want but gives me extra pain
- ② Pain prevents me from standing more than one hour
- ③ Pain prevents me from standing more than half an hour
- ④ Pain prevents me from standing more than 10 minutes
- ⑤ Pain prevents me from standing at all

Sleeping

- ⓪ My sleep is never disturbed by pain
- ① My sleep is occasionally disturbed by a pain
- ② Because of pain I sleep less than six hours
- ③ Because of pain I sleep less than four hours
- ④ Because of pain I sleep less than two hours
- ⑤ Pain prevents me from sleeping at all

Sex Life

- ⓪ My sex life is normal and causes no extra pain
- ① My sex life is normal but causes some extra pain
- ② My sex life is nearly normal but it is very painful
- ③ My sex life is severely restricted by pain
- ④ My sex life is nearly absent because of pain
- ⑤ Pain prevents any sex life at all

Social Life

- ⓪ My social life is normal and causes me no extra pain
- ① My social life is normal but increases the degree of pain
- ② Pain has no effect on my social life but limits me from more energetic activities (sports etc)
- ③ Pain has restricted my social life and I do not go out as often
- ④ Pain has restricted my social life to home
- ⑤ I have no social life because of pain

Travelling

- ⓪ I can travel anywhere without pain
- ① I can travel anywhere but gives extra pain
- ② Pain is bad but I manage journeys over two hours
- ③ Pain restricts me to journeys of less than one hour
- ④ Pain restricts me to short unnecessary journeys under 30 minutes
- ⑤ Pain prevents me from traveling except to receive treatment

On a scale of 0 to 10, mark the level of BACK PAIN or discomfort, with 0 being none and 10 being unbearable (Mark only one)

None ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst

On a scale of 0 to 10, mark the level of LEG PAIN or discomfort, with 0 being none and 10 being unbearable (Mark only one)

None ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ Worst