

Oswestry Disability Index

Patient's name:

Visit's date:

Could you please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life. Please answer every section. Mark one box **only** in each section that most closely describes you today.

Section 1 - Pain Intensity

- (0) I can tolerate the pain I have without having to use pain killers.
- (1) The pain is bad but I manage without taking painkillers.
- (2) Painkillers give complete relief from pain.
- (3) Painkillers give moderate relief from pain.
- (4) Painkillers give very little relief from pain.
- (5) Painkillers have no effect on the pain and I do not use them.

Section 2 - Personal Care (washing, dressing, etc.)

- (0) I can look after myself normally without causing extra pain.
- (1) I can look after myself normally, but it causes extra pain.
- (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 some help everyday in most aspects of self-care.
- (5) I do not get dressed, wash with difficulty, and stay in bed.

Section 3 - Lifting

- (0) I can lift heavy weights without causing 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, e.g., on a table.
- (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 only very light weights.
- (5) I cannot lift or carry anything at all.

Section 4 - Walking

- (0) Pain does not prevent me from walking any distance.
- (1) Pain prevents me walking more than 1 mile.
- (2) Pain prevents me walking more than 1/2 mile.
- (3) Pain prevents me walking more than 1/4 mile.
- (4) I can only walk using a stick or crutches.
- (5) I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting

- (0) I can sit still 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 1/2 hour.
- (4) Pain prevents me from sitting for more than 10 minutes.
- (5) Pain prevents me from sitting at all.

Section 6 - Standing

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

Section 7 - Sleeping

- (0) Pain does not prevent me from sleeping well.
- (1) I can sleep well only by using tablets.
- (2) Even when I take tablets I have less than 6 hours sleep.
- (3) Even when I take tablets I have less than 4 hours sleep.
- (4) Even when I take tablets I have less than 2 hours of sleep.
- (5) Pain prevents me from sleeping at all.

Section 8 - Sex Life (if applicable)

- (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 is very painful.
- (3) My sex life is severely restricted because of pain.
- (4) My sex life is nearly absent because of pain.
- (5) Pain prevents any sex life at all.

Section 9 - Social Life

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

Section 10 - Traveling

- (0) I can travel anywhere without extra pain.
- (1) I can travel anywhere but it gives me extra pain.
- (2) Pain is bad but I can manage journeys over 2 hours.
- (3) Pain restricts me to journeys of less than 1 hour.
- (4) Pain restricts me to short, necessary journeys less than 30 minutes.
- (5) Pain prevents me from traveling except to the doctor or hospital.

SF-36 HEALTH SURVEY

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

(circle one)

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

2. Compared to one year ago, how would you rate your health in general now?

(circle one)

- Much better now than one year ago 1
- Somewhat better now than one year ago 2
- About the same as one year ago 3
- Somewhat worse now than one year ago 4
- Much worse now than one year ago 5

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

(circle one number on each line)

<u>ACTIVITIES</u>	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking several blocks	1	2	3
i. Walking one block	1	2	3
j. Bathing or dressing yourself	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

(circle one number on each line)

	YES	NO
a. Cut down on the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Were limited in the kind of work or other activities	1	2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(circle one number on each line)

	YES	NO
a. Cut down the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one)

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

7. How much bodily pain have you had during the past 4 weeks?

(circle one)

- None 1
- Very mild 2
- Mild 3
- Moderate 4
- Severe 5
- Very severe 6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

(circle one)

- Not at all 1
- A little bit 2
- Moderately 3
- Quite a bit 4
- Extremely 5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

(circle one number on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(circle one)

- All of the time 1
- Most of the time 2
- Some of the time 3
- A little of the time 4
- None of the time 5

11. How TRUE or FALSE is each of the following statements for you?

(circle one number on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	1	2	3	4	5
b. I am as healthy as anybody I know	1	2	3	4	5
c. I expect my health to get worse	1	2	3	4	5
d. My health is excellent	1	2	3	4	5