

Name: _____ Date: _____

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 that you may consider that two or more statements in any one section apply but please just check that box that indicates the statement which most clearly describes your problem.

<p>Section 1: Pain Intensity</p> <p><input type="checkbox"/> I have no pain at the moment</p> <p><input type="checkbox"/> The pain is very mild at the moment</p> <p><input type="checkbox"/> The pain is moderate at the moment</p> <p><input type="checkbox"/> The pain is fairly severe at the moment</p> <p><input type="checkbox"/> The pain is very severe at the moment</p> <p><input type="checkbox"/> The pain is the worst imaginable at the moment</p>	<p>Section 6: Standing</p> <p><input type="checkbox"/> I can stand as long as I want without extra pain</p> <p><input type="checkbox"/> I can stand as long as I want but it gives me extra pain</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 1 hour</p> <p><input type="checkbox"/> Pain prevents me from standing from more than 30 minutes</p> <p><input type="checkbox"/> Pain prevents me from standing for more than 10 minutes</p> <p><input type="checkbox"/> Pain prevents me from standing at all</p>
<p>Section 2: Personal Care (eg. washing, dressing)</p> <p><input type="checkbox"/> I can look after myself normally without causing extra pain</p> <p><input type="checkbox"/> I can look after myself but it causes extra pain</p> <p><input type="checkbox"/> It is painful to look after myself and I am slow and careful</p> <p><input type="checkbox"/> I need some help but can manage most of my personal care</p> <p><input type="checkbox"/> I need help every day in most aspects of self-care</p> <p><input type="checkbox"/> I do not get dressed, wash with difficulty and stay in bed</p>	<p>Section 7: Sleeping</p> <p><input type="checkbox"/> My sleep is never disturbed by pain</p> <p><input type="checkbox"/> My sleep is occasionally disturbed by pain</p> <p><input type="checkbox"/> Because of pain I have less than 6 hours sleep</p> <p><input type="checkbox"/> Because of pain I have less than 4 hours sleep</p> <p><input type="checkbox"/> Because of pain I have less than 2 hours sleep</p> <p><input type="checkbox"/> Pain prevents me from sleeping at all</p>
<p>Section 3: Lifting</p> <p><input type="checkbox"/> I can lift heavy weights without extra pain</p> <p><input type="checkbox"/> I can lift heavy weights but it causes me extra pain</p> <p><input type="checkbox"/> Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed (eg. on the table)</p> <p><input type="checkbox"/> Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned</p> <p><input type="checkbox"/> I can only lift very light weights</p> <p><input type="checkbox"/> I cannot lift or carry anything</p>	<p>Section 8: Social Life</p> <p><input type="checkbox"/> My social life is normal and causes no extra pain</p> <p><input type="checkbox"/> My social life is normal but increases the degree of pain</p> <p><input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests (eg. sports)</p> <p><input type="checkbox"/> Pain has restricted my social life and I do not go out as often</p> <p><input type="checkbox"/> Pain has restricted my social life to my home</p> <p><input type="checkbox"/> I have no social life because of pain</p>
<p>Section 4: Walking</p> <p><input type="checkbox"/> Pain does not prevent me walking any distance</p> <p><input type="checkbox"/> Pain prevents me from walking more than 2 km (1.24 miles)</p> <p><input type="checkbox"/> Pain prevents me from walking more than 1 km (0.62 miles)</p> <p><input type="checkbox"/> Pain prevents me from walking more than 500 meters</p> <p><input type="checkbox"/> I can only walk using a stick or crutch</p> <p><input type="checkbox"/> I am in bed most of the time</p>	<p>Section 9: Traveling</p> <p><input type="checkbox"/> I can travel anywhere without pain</p> <p><input type="checkbox"/> I can travel anywhere but it gives me extra pain</p> <p><input type="checkbox"/> Pain is bad but I manage journeys over 2 hours</p> <p><input type="checkbox"/> Pain restricts me to journeys of less than one hour</p> <p><input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes</p> <p><input type="checkbox"/> Pain prevents me from traveling except to receive treatment</p>
<p>Section 5: Sitting</p> <p><input type="checkbox"/> I can sit in any chair as long as I like</p> <p><input type="checkbox"/> I can only sit in my favorite chair as long as I like</p> <p><input type="checkbox"/> Pain prevents me sitting more than one hour</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 30 minutes</p> <p><input type="checkbox"/> Pain prevents me from sitting more than 10 minutes</p> <p><input type="checkbox"/> Pain prevents me from sitting at all</p>	<p>Section 10: Work/Housework</p> <p><input type="checkbox"/> My normal work/housework does not cause pain</p> <p><input type="checkbox"/> My normal work/housework increase my pain, but I can still perform all that is required of me</p> <p><input type="checkbox"/> I can perform most of my work/housework, but pain prevents me from performing more physically demanding activities (e.g., lifting, vacuuming)</p> <p><input type="checkbox"/> Pain prevents me from doing anything but light work/housework</p> <p><input type="checkbox"/> Pain prevents me from doing even light work/housework</p> <p><input type="checkbox"/> Pain prevents me from performing any work/housework</p>

Oswestry Disability Score= _____

The STarT Back Screening Tool

Patient name: _____ Date: _____

Thinking about the **last 2 weeks** tick your response to the following questions:

	Disagree 0	Agree 1
1 My back pain has spread down my leg(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
2 I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
3 I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 2 weeks, I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>
6 Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>
8 In general I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how **bothersome** has your back pain been in the **last 2 weeks**?

Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

Total score (all 9): _____ **Sub Score (Q5-9):** _____