

PATIENT NAME: _____ ID#: _____ DATE: _____

Description: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. Please circle the answers below that best apply.

1. Please rate your pain level with activity: NO PAIN=0 1 2 3 4 5 6 7 8 9 10=VERY SEVERE PAIN

MODIFIED OSWESTRY DISABILITY SCALE – INITIAL VISIT

1. Pain Intensity

- (0) I can tolerate the pain I have without having to use pain medication.
- (1) The pain is bad, but I can manage without having to take pain medication.
- (2) Pain medication provides me with complete relief from pain.
- (3) Pain medication provides me with moderate relief from pain.
- (4) Pain medication provides me with little relief from pain.
- (5) Pain medication has no effect on my pain.

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

- (0) I can take care of myself normally without causing increased pain.
- (1) I can take care of myself normally, but it increases my pain.
- (2) It is painful to take care of myself, and I am slow and careful.
- (3) I need help, but I am able to manage most of my personal care.
- (4) I need help every day in most aspects of my care.
- (5) I do not get dressed, wash with difficulty, and stay in bed.

3. Lifting

- (0) I can lift heavy weights without increased pain.
- (1) I can lift heavy weights, but it causes increased pain.
- (2) Pain prevents me from lifting heavy weights off the floor, but I can manage if the weights are conveniently positioned (eg, 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.

4. Walking

- (0) Pain does not prevent me from walking any distance.
- (1) Pain prevents me from walking more than 1 mile.
- (2) Pain prevents me from walking more than ½ mile.
- (3) Pain prevents me from walking more than ¼ mile.
- (4) I can only walk with crutches or a cane.
- (5) I am in bed most of the time and have to crawl to the toilet.

5. Sitting

- (0) I can sit 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 more than 1 hour.
- (3) Pain prevents me from sitting more than ½ hour.
- (4) Pain prevents me from sitting more than 10 minutes.
- (5) Pain prevents me from sitting at all.

6. Standing

- (0) I can stand as long as I want without increased pain.
- (1) I can stand as long as I want but, it increases my pain.
- (2) Pain prevents me from standing more than 1 hour.
- (3) Pain prevents me from standing more than 1/2 hour.
- (4) Pain prevents me from standing more than 10 minutes.
- (5) Pain prevents me from standing at all.

7. Sleeping

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

8. Social Life

- (0) My social life is normal and does not increase my pain.
- (1) My social life is normal, but it increases my level of pain.
- (2) Pain prevents me from participating in more energetic activities (eg, sports, dancing).
- (3) Pain prevents me from going out very often.
- (4) Pain has restricted my social life to my home.
- (5) I have hardly any social life because of my pain.

9. Traveling

- (0) I can travel anywhere without increased pain.
- (1) I can travel anywhere, but it increases my pain.
- (2) My pain restricts my travel over 2 hours.
- (3) My pain restricts my travel over 1 hour.
- (4) My pain restricts my travel to short necessary journeys under 1/2 hour.
- (5) My pain prevents all travel except for visits to the physician/therapist or hospital.

10. Employment / Homemaking

- (0) My normal homemaking/job activities do not cause pain.
- (1) My normal homemaking/job activities increase my pain, but I can still perform all that is required of me.
- (2) I can perform most of my homemaking/job duties, but pain prevents me from performing more physically stressful activities (eg, lifting, vacuuming).
- (3) Pain prevents me from doing anything but light duties.
- (4) Pain prevents me from doing even light duties.
- (5) Pain prevents me from performing any job or homemaking chores.

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Therapist Use Only		
Comorbidities:	<input type="checkbox"/> Cancer	<input type="checkbox"/> Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI)
	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity
	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Surgery for this Problem
	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)
	<input type="checkbox"/> Multiple Treatment Areas	
		ICD9 Code: _____

The Quebec Back Pain Disability Scale

Today, do you find it difficult to perform the following activities because of your back?

Get out of bed

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Sleep through the night

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Turn over in bed

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Ride in a car

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Stand up for 20-30 minutes

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult

Unable to do

Sit in a chair for several hours

Not difficult at all

Minimally difficult

Somewhat difficult

Fairly difficult

Very difficult

Unable to do

Climb one flight of stairs

Not difficult at all

Minimally difficult

Somewhat difficult

Fairly difficult

Very difficult

Unable to do

Walk a few blocks (300-400 m)

Not difficult at all

Minimally difficult

Somewhat difficult

Fairly difficult

Very difficult

Unable to do

Walk several kilometres

Not difficult at all

Minimally difficult

Somewhat difficult

Fairly difficult

Very difficult

Unable to do

Reach up to high shelves

Not difficult at all

Minimally difficult

Somewhat difficult

Fairly difficult

Very difficult

Unable to do

Throw a ball

Not difficult at all

Minimally difficult

- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Run one block (about 100m)

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Take food out of the refrigerator

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Make your bed

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Put on socks (pantyhose)

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Bend over to clean the bathtub

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Move a chair

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Pull or push heavy doors

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Carry two bags of groceries

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Lift and carry a heavy suitcase

- Not difficult at all
- Minimally difficult
- Somewhat difficult
- Fairly difficult
- Very difficult
- Unable to do

Minimum detectable change (90% confidence) 15 points

WebPT