

Revised Oswestry Disability Index (ODI)

Name:

Date:

*This questionnaire is designed to enable us to understand how much your pain has affected your ability to manage everyday activities. Please answer each Section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **Please just circle the one choice which closely describes your problem right now.***

Section 1 – Pain Intensity

- I have no pain.
- The pain comes and goes and is very mild.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain is severe but comes and goes.
- The pain is severe and does not vary much

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

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain, but I manage not to change my way of doing it.
- Washing and dressing increases the pain, and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing or dressing without help.
- Because of the pain, I am unable to do any washing and dressing without help.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (i.e. on a table).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift any weight

Section 4 – Walking

- I have no pain walking.
- I have some pain walking, but I can still walk my required normal distances.
- Pain prevents me from walking long distances..
- Pain prevents me from walking intermediate distances.
- Pain prevents me from walking even short distances.
- Pain prevents me from walking at all.

Section 5 – Sitting

- Sitting does not cause me any pain.
- I can sit as long as I need provided I have my choice of sitting surfaces.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than ½ hour.
- Pain prevents me from sitting for more than 10 min
- Pain prevents me from sitting at all.

Section 6 – Standing

- I can stand as long as I want without pain.
- I have some pain while standing, but it does not increase with time.
- I cannot stand for more than one hour without increasing pain.
- I cannot stand for more than ½ hour without increasing pain.
- I cannot stand for more than 10 minutes without increasing pain.
- I avoid standing because it increases my pain right away.

Section 7 – Sleeping

- I have no pain in bed.
- I have pain in bed but it does not prevent me from sleeping well.
- Because of pain I only sleep ¾ of normal time.
- Because of pain I only sleep ½ of normal time.
- Because of pain I only sleep ¼ of normal time
- Pain prevents me from sleeping at all.

Section 8 – Social Life

- My social life is normal and cause me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limitingmy more energetic interests, i.e. sports.
- Pain has restricted my social life and I do not go out as often.
- Pain has restricted social life to my home.
- I have no social life because of pain.

Section 9 – Traveling

- I get no pain while traveling.
- I get some pain while traveling but none of my usual forms of travel make it any worse.
- I get some pain while traveling, but it does not cause me to seek alternative forms of travel.
- I get extra pain from travel that causes me to seek alternative forms of travel.
- Pain restricts me from all forms of travel.
- Pain restricts me from all forms of travel, except that done lying down.

Section 10 – Employment / Homemaking

- My normal job/homemaking activities do not cause me pain.
- My normal job/homemaking activities cause me extra pain, but I can still perform all that is required of me.
- I can perform most of my job/homemaking duties, but pain prevents me from performing more physically stressful activities eg, lifting, vacuuming.
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chore.