Oswestry Disability Index

Name:

Date:

Instructions: Please select the statement that best describes how your lower back feels whenever you do the ten different activities arranged below. Please carefully think about how your lower back feels and don't exaggerate your pain and discomfort. Once you've answered this questionnaire, submit this to your doctor/attending physician so they can calculate your score.

Section 1 – Pain intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☐ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2 – Personal care (washing, dressing etc)

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

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 placed eg. 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 very light weights
- ☐ I cannot lift or carry anything at all

Section 4 – Walking

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me from walking more than 2 kilometres
- ☐ Pain prevents me from walking more than 1 kilometre
- ☐ Pain prevents me from walking more than 500 metres
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time

Section 5 – Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can only sit in my favourite chair as long as I like
- ☐ Pain prevents me sitting more than one hour
- ☐ Pain prevents me from sitting more than 30 minutes
- ☐ Pain prevents me from sitting more than 10 minutes
- ☐ Pain prevents me from sitting at all

Section 6 – Standing

- ☐ I can stand as long as I want without extra pain
- ☐ I can stand as long as I want but it gives me extra pain
- ☐ Pain prevents me from standing for more than 1 hour
- ☐ Pain prevents me from standing for more than 3 minutes
- ☐ Pain prevents me from standing for more than 10 minutes
- ☐ Pain prevents me from standing at all

Section 7 – Sleeping

- ☐ My sleep is never disturbed by pain
- ☐ My sleep is occasionally disturbed by pain
- ☐ Because of pain I have less than 6 hours sleep
- ☐ Because of pain I have less than 4 hours sleep
- ☐ Because of pain I have less than 2 hours sleep
- ☐ Pain prevents me from sleeping at all

Section 8 – Sex life (if applicable)

- ☐ My sex life is normal and causes no extra pain
- ☐ My sex life is normal but causes some extra pain
- ☐ My sex life is nearly normal but is very painful
- ☐ My sex life is severely restricted by pain
- ☐ My sex life is nearly absent because of pain
- ☐ Pain prevents any sex life at all

Section 9 – Social life

- ☐ My social life is normal and gives 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 limiting my more energetic interests eg, sport
- ☐ Pain has restricted my social life and I do not go out as often
- ☐ Pain has restricted my social life to my home
- ☐ I have no social life because of pain

Section 10 – Traveling

- ☐ I can travel anywhere without pain
- ☐ I can travel anywhere but it gives me extra pain
- ☐ Pain is bad but I manage journeys over two hours
- ☐ Pain restricts me to journeys of less than one hour
- ☐ Pain restricts me to short necessary journeys under 30 minutes
- ☐ Pain prevents me from traveling except to receive treatment

*Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52; discussion 52.

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***This page is for your doctor/attending physician.**

Instructions

Please calculate the scores after your patient submits this index to you. Remember that the answers are arranged by severity. The scores are 0-5 per section.

If they pick the first statement among the six, that means they're fine and the score is 0.

If they pick the final statement, that means the pain is bad and is hindering them from doing the activity completely, so the score is 5.

Equation

The total score ÷ the total possible score (always 50) x 100. Here's an example:

- The total score they got is 16.
- The total possible score is always 50.
- Then the equation is 16 ÷ 50 x 100 = 32.
- The final answer is always a percentage, so it's 32% in this case

In the event that they willfully did not answer a section, you'll have to subtract 5 from the total possible score for each section they didn't answer, so the equation will change and it should look like this:

- 16 ÷ 45 (total possible score) x 100 = 35.5%

You may calculate here:

Total score: [ ] ÷ Total Possible Score: [ ] x 100 = [ ] %

Score Ranges and Designations

0% to 20%: Minimal Disability	The patient can cope with most living activities. Usually, no treatment is indicated apart from advice on lifting, sitting, and exercise.
21%-40%: Moderate Disability	The patient experiences more pain and difficulty with sitting, lifting, and standing. Travel and social life are more difficult and they may be disabled from work. Personal care, sexual activity, and sleeping are not grossly affected and the patient can usually be managed by conservative means.
41%-60%: Severe Disability	Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.
61%-80%: Crippled	Back pain impinges on all aspects of the patient's life. Positive intervention is required.
81%-100%	These patients are either bed-bound or exaggerating their symptoms.

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