

360 Physical Therapy & Wellness 11840 West Market Place Suite G Fulton, MD 20759 Phone: 301.957.2564 Fax: 301.957.2565

# **Oswestry Disability Index (ODI)**

**Directions:** Please select the most appropriate response for each question as it pertains to your low back pain, injury, or condition. **Only** select one answer.

# section 1 - pain intensity

- I can tolerate the pain I have without having to use pain killers
- □ the pain is bad but I manage without taking pain killers
- □ pain killers give complete relief from pain
- □ pain killers give moderate relief from pain
- □ pain killers give very little relief from pain
- pain killers have no effect on the pain and I do not use them

## 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, 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 positioned, eg. 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 or carry anything at all

#### section 4 - walking

- □ pain does not prevent me walking any distance
- □ pain prevents me walking more than 1 mile
- □ pain prevents me walking more than 1/2 mile
- □ pain prevents me walking more than 1/4 mile
- □ I can only walk using a stick or crutches
- □ I am in bed most of the time and have to crawl to the toilet

#### 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 from sitting more than 1 hour
- $\hfill\square$  pain prevents me from sitting more than 1/2 hour
- 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 1/2 hour
- D pain prevents me from standing for more than 10 minutes
- □ pain prevents me from standing at all

## section 7 - sleeping

- □ pain does not prevent me from sleeping well
- □ I can sleep well only by using tablets
- even when I take tablets I have less than six hours sleep
- even when I take tablets I have less than four hours sleep
- even when I take tablets I have less than two hours sleep
- □ pain prevents me from sleeping at all

## section 8 - sex life

- 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
- I 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 dancing etc
- □ pain has restricted social life and I do not go out as often
- D pain has restricted my social life to my home
- □ I have no social life because of pain

#### section 10 - travelling

- □ I can travel anywhere without extra 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 of less than 1/2 hour
- pain prevents me from travelling except to the doctor or hospital