

Oswestry Disability Index (ODI)

Patient Name: _____

Date: _____

1. Pain Intensity

<input type="checkbox"/> I have no pain at the moment	+0
<input type="checkbox"/> The pain is very mild at the moment	+1
<input type="checkbox"/> The pain is moderate at the moment	+2
<input type="checkbox"/> The pain is fairly severe at the moment	+3
<input type="checkbox"/> The pain is very severe at the moment	+4
<input type="checkbox"/> The pain is the worst imaginable at the moment	+5

2. Personal Care (Washing, Dressing, etc.)

<input type="checkbox"/> I can look after myself normally without causing extra pain	+0
<input type="checkbox"/> I can look after myself normally but it causes extra pain	+1
<input type="checkbox"/> It is painful to look after myself and I am slow and careful	+2
<input type="checkbox"/> I need some help but can manage most of my personal care	+3
<input type="checkbox"/> I need help every day in most aspects of self-care	+4
<input type="checkbox"/> I do not get dressed, I wash with difficulty and stay in bed	+5

3. Lifting

<input type="checkbox"/> I can lift heavy weights without extra pain	+0
<input type="checkbox"/> I can lift heavy weights but it gives extra pain	+1
<input type="checkbox"/> Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently placed, for example on a table	+2
<input type="checkbox"/> Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned	+3
<input type="checkbox"/> I can only lift very light weights	+4
<input type="checkbox"/> I cannot lift or carry anything at all	+5

4. Walking

<input type="checkbox"/> Pain does not prevent me walking any distance	+0
<input type="checkbox"/> Pain prevents me from walking more than 1 mile	+1
<input type="checkbox"/> Pain prevents me from walking more than ½ mile	+2
<input type="checkbox"/> Pain prevents me from walking more than 100 yards	+3
<input type="checkbox"/> I can only walk using a stick or crutches	+4
<input type="checkbox"/> I am in bed most of the time	+5

5. Sitting

<input type="checkbox"/> I can sit in any chair as long as I like	+0
<input type="checkbox"/> I can only sit in my favorite chair as long as I like	+1
<input type="checkbox"/> Pain prevents me sitting more than 1 hour	+2
<input type="checkbox"/> Pain prevents me from sitting more than 30 minutes	+3
<input type="checkbox"/> Pain prevents me from sitting more than 10 minutes	+4
<input type="checkbox"/> Pain prevents me from sitting at all	+5

6. Standing

<input type="checkbox"/> I can stand as long as I want without extra pain	+0
<input type="checkbox"/> I can stand as long as I want but it gives me extra pain	+1
<input type="checkbox"/> Pain prevents from standing for more than 1 hour	+2
<input type="checkbox"/> Pain prevents me from standing for more than 30 minutes	+3
<input type="checkbox"/> Pain prevents me from standing for more than 10 minutes	+4
<input type="checkbox"/> Pain prevents me from standing at all	+5

7. Sleeping

<input type="checkbox"/> My sleep is never disturbed by pain	+0
<input type="checkbox"/> My sleep is occasionally disturbed by pain	+1
<input type="checkbox"/> Because of pain I have less than 6 hours sleep	+2
<input type="checkbox"/> Because of pain I have less than 4 hours sleep	+3
<input type="checkbox"/> Because of pain I have less than 2 hours sleep	+4
<input type="checkbox"/> Pain prevents me from sleeping at all	+5

8. Sex life (if applicable)

<input type="checkbox"/> My sex life is normal and causes no extra pain	+0
<input type="checkbox"/> My sex life is normal but causes some extra pain	+1
<input type="checkbox"/> My sex life is nearly normal but is very painful	+2
<input type="checkbox"/> My sex life is severely restricted by pain	+3
<input type="checkbox"/> My sex life is nearly absent because of pain	+4
<input type="checkbox"/> Pain prevents any sex life at all	+5

9. Social life

<input type="checkbox"/> My social life is normal and gives me no extra pain	+0
<input type="checkbox"/> My social life is normal but increases the degree of pain	+1
<input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, for example sport	+2
<input type="checkbox"/> Pain has restricted my social life and I do not go out as often	+3
<input type="checkbox"/> Pain has restricted my social life to my home	+4
<input type="checkbox"/> I have no social life because of pain	+5

10. Travelling

<input type="checkbox"/> I can travel anywhere without pain	+0
<input type="checkbox"/> I can travel anywhere but it gives me extra pain	+1
<input type="checkbox"/> Pain is bad but I manage journeys over two hours	+2
<input type="checkbox"/> Pain restricts me to journeys of less than 1 hour	+3
<input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes	+4
<input type="checkbox"/> Pain prevents me from travelling except to receive treatment	+5

Scoring Instructions:

Raw Score: Summation of Points

Raw Score: _____ Points

Percentage Score: $\frac{\text{Raw Score}}{\# \text{ Completed Questions}} * 5$

Percentage Score: _____ %