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OSWESTRY DISABILITY INDEX

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to m anage everyday life. Please answer every section and mark in each section ONLY THE <u>ONE</u> BOX that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

Name:	DOB: Date:
Section 1: Pain Intensity The pain comes and goes and is very mild (0) The pain is mild and does not vary much (1) The pain comes and goes and is moderate. (2) The pain is moderate and does not vary much (3) The pain comes and goes and is very severe (4) The pain is severe and does not vary much (5)	Section 6: Standing I can stand as long as I sit without pain (0) I have some pain on standing, but it does not incease with time (1) Pain prevents me from sitting more than one hour (2) Pain prevents me from sitting more than 1/2 hour (3) Pain prevents me from sitting more than 10 minutes (4) I avoide sitting because it increases pain right away (5)
Section 2: Personal Care I would not have to change my way of washing or dressing in order to avoid pain (0) I do not normally change my way of washing or dressing even though it causes some pain (1) Washing and dressing increases the pain, but I manage not to change my way of doing it (2) Washing and dressing increases the pain and I find it necessary to change my way of doing it (3) Because of the pain, I am unable to do some washing and dressing without help (4) Because of the pain, I am unable to do any washing and dressing without help (5) Section 3: Lifting I can lift heavy weights without extra pain. (0) I can lift heavy weights without extra pain (1) Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table) (2) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned (4) I can only lift very light weights at the most (5) Section 4: Walking* I have no pain on walking, but it does not increase with distance (1) I cannot walk more than 1/2 mile without increasing pain (2) I cannot walk more than 1/2 mile without increasing pain (4) I cannot walk more than 1/4 mile without increasing pain (4) I cannot walk at all without increasing pain (5)	Section 7: Sleeping I get no pain in bed (0) I get pain in bed, but it does not prevent me from sleeping well (1) Because of my pain, my normal night's sleep is reduced by less than 1/4 (2) Because of my pain, my normal night's sleep is reduced by less than 1/2 (3) Because of my pain, my normal night's slee is reduced by less than 5/4 (4) Pain prevents me from sleeping at all (5) Section 8: Social Life My social life is normal and gives me no pain (0) My social life is normal, but increases the degree of pain (1) Pain has no significant effects on my social life apart from limiting my more energetic interest, e.g dancing ect. (2) Pain has restricted my social life to my home (4) I avoide sitting because it increases pain right away (5) Section 9: Traveling I get no pain while traveling, but none of my usual forms of travel make it any worse (1) I get extra pain while travelling, but it does not compel me to seek alternative forms of travel (2) I get extra pain while travelling, which compels me to seek alternative forms of travel (3) Pain prevents all forms of travel (4) Pain prevents all forms of travel (4) Pain restricts all forms of travel except that done lying down (5) Section 10: Changing Degree of Pain My pain is rapidly getting better (0) My pain seems to be getting
 I can only sit in my favorite chair as long as I like (1) Pain prevents me from sitting more than one hour (2) Pain prevents me from sitting more than 1/2 hour (3) Pain prevents me from sitting more than 10 minutes (4) I avoide sitting because it increases pain right away (5) 	 My pain is neither getting better nor worse (3) My pain is gradually worsening (4) My pain is rapidly worsening (5)