

Oswestry Back Disability Index

This questionnaire is designed to help us better understand how your back pain affects your ability to manage everyday life activities. Please check the box for *the one statement* in each section that applies to you. Although you may consider that two of the statements in any one section relate to you, please mark the box that *most closely* describes your present-day situation. Thank you.

Patient name _____

Date _____

Please check one box in each section.

Section 1–Pain Intensity

- 0 My pain is mild to moderate. I do not need pain killers.
 1 The pain is bad, but I manage without taking pain killers.
 2 Pain killers give complete relief from pain.
 3 Pain killers give moderate relief from pain.
 4 Pain killers give very little relief from pain.
 5 Pain killers have no effect on the pain.

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

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

Section 3–Lifting

- 0 I can lift heavy weights without extra pain.
 1 I can lift heavy weights, but it gives me extra pain.
 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e., on a table.
 3 Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
 4 I can lift only very light weights.
 5 I cannot lift or carry anything at all.

Section 4–Walking

- 0 I can walk as far as I wish.
 1 Pain prevents me from walking more than 1 mile.
 2 Pain prevents me from walking more than ½ mile.
 3 Pain prevents me from walking more than ¼ mile.
 4 I can walk only if I use a cane or crutches.
 5 I am in bed or in a chair for most of every day.

Section 5–Sitting

- 0 I can sit in any chair for as long as I like.
 1 I can sit in my favorite chair only, but for as long as I like.
 2 Pain prevents me from sitting for more than 1 hour.
 3 Pain prevents me from sitting for more than ½ hour.
 4 Pain prevents me from sitting for more than 10 minutes.
 5 Pain prevents me from sitting at all.

Section 6–Standing

- 0 I can stand as long as I want without extra pain.
 1 I can stand as long as I want, but it gives me extra pain.
 2 Pain prevents me from standing for more than 1 hour.
 3 Pain prevents me from standing more than ½ hour.
 4 Pain prevents me from standing more than 10 minutes.
 5 Pain prevents me from standing at all.

Section 7–Sleeping

- 0 Pain does not prevent me from sleeping well.
 1 I sleep well but only when taking medication.
 2 Even when I take medication, I sleep less than 6 hours.
 3 Even when I take medication, I sleep less than 4 hours.
 4 Even when I take medication, I sleep less than 2 hours.
 5 Pain prevents me from sleeping at all.

Section 8–Social Life

- 0 Social life is normal and causes me no extra pain.
 1 Social life is normal, but increases the degree of pain.
 2 Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.
 3 Pain has restricted my social life, and I do not go out as often.
 4 Pain has restricted my social life to my home.
 5 I have no social life because of pain.

Section 9–Changing Degree of Pain

- 0 My pain is rapidly getting better.
 1 My pain fluctuates, but overall is definitely getting better.
 2 My pain seems to be getting better, but improvement is slow at present.
 3 My pain is neither getting better nor worse.
 4 My pain is gradually worsening.

Section 10–Traveling

- 0 I can travel anywhere without extra pain.
 1 I can travel anywhere, but it gives me extra pain.
 2 Pain is bad, but I manage journeys over 2 hours.
 3 Pain restricts me to journeys of less than 1 hour.
 4 Pain restricts me to necessary journeys under ½ hour.
 5 Pain prevents traveling except to the doctor/hospital.

Score: _____ (50) Benchmark -5= _____

THE LOWER EXTREMITY FUNCTIONAL SCALE

We are interested in knowing whether you are having any difficulty at all with the activities listed below because of your lower limb
 Problem for which you are currently seeking attention. Please provide an answer for **each** activity.

Today, do you or would you have any difficulty at all with:

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1 Any of your usual work, housework, or school activities.	0	1	2	3	4
2 Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3 Getting into or out of the bath.	0	1	2	3	4
4 Walking between rooms.	0	1	2	3	4
5 Putting on your shoes or socks.	0	1	2	3	4
6 Squatting.	0	1	2	3	4
7 Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8 Performing light activities around your home.	0	1	2	3	4
9 Performing heavy activities around your home.	0	1	2	3	4
10 Getting into or out of a car.	0	1	2	3	4
11 Walking 2 blocks.	0	1	2	3	4
12 Walking a mile.	0	1	2	3	4
13 Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14 Standing for 1 hour.	0	1	2	3	4
15 Sitting for 1 hour.	0	1	2	3	4
16 Running on even ground.	0	1	2	3	4
17 Running on uneven ground.	0	1	2	3	4
18 Making sharp turns while running fast.	0	1	2	3	4
19 Hopping.	0	1	2	3	4
20 Rolling over in bed.	0	1	2	3	4
Column Totals:					

Minimum Level of Detectable Change (90% Confidence): 9 points

SCORE: _____ / 80

Please submit the sum of responses.

Reprinted from Binkley, J., Stratford, P., Lott, S., Riddle, D., & The North American Orthopaedic Rehabilitation Research Network, The Lower Extremity Functional Scale: Scale development, measurement properties, and clinical application, Physical Therapy, 1999, 79, 437-438, with permission of the American Physical Therapy Association.



McGill University Pain Questionnaire

There are many words that describe pain. Some of these are grouped below.
Circle ALL of the words that describe the pain you have these days.

1. Flickering Quivering Pulsing Throbbing Beating Pounding	2. Jumping Flashing Shooting	3. Picking Boring Drilling Stabbing	4. Sharp Cutting Lacerating
5. Pinching Pressing Gnawing Cramping Crushing	6. Tugging Pulling Wrenching	7. Hot Burning Scalding Searing	8. Tingling Itchy Smarting Stinging
9. Dull Sore Hurting Aching Heavy	10. Tender Taut Rasping Splitting	11. Tiring Exhausting	12. Sickening Suffocating
13. Fearful Frightful Terrifying	14. Punishing Gruelling Cruel Vicious Killing	15. Wretched Blinding	16. Annoying Troublesome Miserable Intense Unbearable
17. Spreading Radiating Penetrating Piercing	18. Tight Numb Drawing Squeezing Tearing	19. Cool Cold Freezing	20. Nagging Nauseating Agonizing Dreadful