

Outcome Measure for Lower Axial Symptoms

Oswestry Disability Index (ODI) - Lower Back

Please answer each section, marking the box which best describes your symptoms at the moment.

<p>1- Pain Intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain. <input type="checkbox"/> The pain is very mild. <input type="checkbox"/> The pain is moderate. <input type="checkbox"/> The pain is fairly severe. <input type="checkbox"/> The pain is very severe. <input type="checkbox"/> The pain is worst imaginable. 	<p>6 - Standing</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I like. <input type="checkbox"/> Pain prevents me from standing >120 minutes. <input type="checkbox"/> Pain prevents me from standing >60 minutes. <input type="checkbox"/> Pain prevents me from standing >30 minutes. <input type="checkbox"/> Pain prevents me from standing >15 minutes. <input type="checkbox"/> Pain prevents me from standing.
<p>2 - Personal Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally without pain. <input type="checkbox"/> I can look after myself normally but it causes me extra pain. <input type="checkbox"/> It is painful to look after myself and I am slow and careful. <input type="checkbox"/> I need some help but manage most of my personal care. <input type="checkbox"/> I need help every day in most aspects of self-care. <input type="checkbox"/> I do not get dressed, wash with difficulty, and stay in bed. 	<p>7 - Sleep</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no trouble sleeping. <input type="checkbox"/> My sleep is disturbed <1 hour. <input type="checkbox"/> My sleep is disturbed 1-2 hour/s. <input type="checkbox"/> My sleep is disturbed 2-3 hours. <input type="checkbox"/> The sleep is disturbed 3-5 hours. <input type="checkbox"/> My sleep is disturbed 5-7 hours.
<p>3 - Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without pain. <input type="checkbox"/> I can lift heavy weights but it gives me extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor, but I can manage if heavy weights are conveniently positioned. <input type="checkbox"/> Pain prevents me from lifting heavy weights, but I can manage light-to-medium weights if they are conveniently positioned. <input type="checkbox"/> I can only lift very light weights. <input type="checkbox"/> I cannot lift or carry anything due to the pain. 	<p>8 - Walking</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can walk as long as I like. <input type="checkbox"/> Pain prevents me from walking >120 minutes. <input type="checkbox"/> Pain prevents me from walking >60 minutes. <input type="checkbox"/> Pain prevents me from walking >30 minutes. <input type="checkbox"/> Pain prevents me from walking >15 minutes. <input type="checkbox"/> Pain prevents me from walking.
<p>4 - Household Maintenance</p> <ul style="list-style-type: none"> <input type="checkbox"/> House maintenance does not cause me pain. <input type="checkbox"/> House maintenance increases my pain, but I can still perform all that is required of me without taking breaks. <input type="checkbox"/> House maintenance increases my pain, but I can still perform all that is required of me with breaks. <input type="checkbox"/> Pain prevents me from performing heavy household maintenance, but I can manage light-medium maintenance. <input type="checkbox"/> Pain prevents me from performing medium-heavy household maintenance, but I can manage light maintenance. <input type="checkbox"/> Pain prevents me from doing even light household maintenance. 	<p>9 - Social Activity</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social activity gives me no pain. <input type="checkbox"/> My social activity increases my pain, but I can still participate in it. <input type="checkbox"/> Pain prevents me from participating in my more energetic interests. <input type="checkbox"/> Pain restricts my social life, and I do not engage in social activity as often as I would if I did not have pain. <input type="checkbox"/> Pain has restricted my social activity to my home. <input type="checkbox"/> I engage in no social activity due to pain.
<p>5 - Sitting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can sit in any chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting >120 minutes. <input type="checkbox"/> Pain prevents me from sitting >60 minutes. <input type="checkbox"/> Pain prevents me from sitting >30 minutes. <input type="checkbox"/> Pain prevents me from sitting >15 minutes. <input type="checkbox"/> Pain prevents me from sitting. 	<p>10 - Travel</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without pain. <input type="checkbox"/> I manage travel over four hours, but it increases my pain. <input type="checkbox"/> I manage travel over two hours, but it increases my pain. <input type="checkbox"/> Pain restricts me to travel <1 hour. <input type="checkbox"/> Pain restricts me to short, necessary travel <30 minutes. <input type="checkbox"/> Pain restricts me from travel.

Patient Name

Patient Signature

Date

Parent/Guardian Signature

Date