Outcome Measure for Upper Axial Symptoms

Oswestry Disability Index (ODI) - Neck and Upper Back

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

1 - Pain Intensity ▫ I have no pain. ▫ The pain is very mild. ▫ The pain is moderate. ▫ The pain is fairly severe. ▫ The pain is very severe. ▫ The pain is worst imaginable.	*6 - Concentration* ▫ I can concentrate fully with no difficulty. ▫ I can concentrate fully with slight difficulty due to the pain. ▫ I can concentrate fully with fair difficulty due to the pain. ▫ I can concentrate fully with considerable difficulty due to the pain. ▫ I can concentrate fully with severe difficulty due to the pain. ▫ I cannot concentrate due to the pain.
2 - Personal Care ▫ I can look after myself normally without pain. ▫ I can look after myself normally but it causes me 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.	*7 - Work* ▫ I can work as much as I want without pain. ▫ I can do only my usual work, but not more. ▫ I can do most of my usual work, but not more. ▫ I cannot do my usual work. ▫ I can hardly do any work at all. ▫ I cannot work due to pain.
3 - Lifting ▫ I can lift heavy weights without pain. ▫ I can lift heavy weights but it gives me extra pain. ▫ Pain prevents me from lifting heavy weights off the floor, but I can manage if heavy weights are conveniently positioned. ▫ Pain prevents me from lifting heavy weights, but I can manage light-to-medium weights if they are conveniently positioned. ▫ I can only lift very light weights. ▫ I cannot lift or carry anything due to pain.	*8 - Driving* ▫ I can drive without pain. ▫ I can drive as long as I want with slight pain. ▫ I can drive as long as I want with moderate pain. ▫ I cannot drive as long as I want due to, at most, moderate pain. ▫ I can hardly drive at all due to severe pain. ▫ I cannot drive due to pain.
4 - Reading ▫ I can read as much as I want without pain. ▫ I can read as much as I want with slight pain. ▫ I can read as much as I want with moderate pain. ▫ I cannot read as much as I want due to, at most, moderate pain. ▫ I can hardly read at all due to severe pain. ▫ I cannot read due to pain.	*9 - Sleep* ▫ I have no trouble sleeping. ▫ My sleep is disturbed <1 hour. ▫ My sleep is disturbed 1-2 hour/s. ▫ My sleep is disturbed 2-3 hours. ▫ The sleep is disturbed 3-5 hours. ▫ My sleep is disturbed 5-7 hours.
5 - Headache ▫ I have no headache at all. ▫ I have slight headaches, which come infrequently. ▫ I have moderate headaches, which come infrequently. ▫ I have moderate headaches, which come frequently. ▫ I have severe headaches, which come frequently. ▫ I have headaches almost all of the time.	*10 - Recreation* ▫ I engage in all of my recreational activities without pain. ▫ I engage in all of my recreational activities with some pain. ▫ I engage in most, but not all, of my recreational activities due to pain. ▫ I engage in only a few of my recreational activities due to pain. ▫ I can hardly engage in any of my recreational activities due to pain. ▫ I cannot engage in any of my recreational activities due to pain.

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Patient Name

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Patient Signature Date

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Parent/Guardian Signature Date