

# The Oswestry Disability Index for Back Pain

This questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday life activities. Please answer every section, and mark in each section the **one box** that applies to you. We realize 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 present day situation.

## Section 1. Pain Intensity:

- A. My pain is mild to moderate. I do not need pain killers.
- B. The pain is bad, but I manage without taking pain killers.
- C. Pain killers give complete relief from pain.
- D. Pain killers give moderate relief from pain.
- E. Pain killers give very little relief from pain.
- F. Pain killers have no effect on the pain.

## Section 2. Personal Care:

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get dressed, I wash with difficulty and stay in bed.

## Section 3. Lifting:

- A. I can lift heavy weights without causing extra pain.
- B. I can lift heavy weights but it gives me extra pain.
- C. Pain prevents me from lifting heavy weights off the *floor*, but I can manage if they are conveniently positioned, for example on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift very light weights.
- F. I cannot lift or carry anything at all.

## Section 4. Walking:

- A. I can walk as far as I wish.
- B. Pain prevents me from walking more than 1 mile.
- C. Pain prevents me from walking more than 1/2 mile.
- D. Pain prevents me from walking more than 1/4 mile.
- E. I can walk only if I use a cane or crutches.
- F. I am in bed or in a chair for most of every day.

## Section 5. Sitting:

- A. I can sit in any chair for as long as I like.
- B. I can sit in my favorite chair only, but for as long as I like.
- C. Pain prevents me from sitting for more than 1 hour.
- D. Pain prevents me from sitting for more than 1/2 hour.
- E. Pain prevents me from sitting for more than 10 minutes.
- F. Pain prevents me from sitting at all.

## Section 6. Standing:

- A. I can stand as long as I want without extra pain.
- B. I can stand as long as I want, but it gives me extra pain.
- C. Pain prevents me from standing for more than 1 hour.
- D. Pain prevents me from standing for more than 1/2 hour.
- E. Pain prevents me from standing for more than 10 minutes.
- F. Pain prevents me from standing at all.

## Section 7. Sleeping:

- A. Pain does not prevent me from sleeping well.
- B. I sleep well but only when taking medicine.
- C. Even when I take medication, I sleep less than 6 hours.
- D. Even when I take medication, I sleep less than 4 hours.
- E. Even when I take medication, I sleep less than 2 hours.
- F. Pain prevents me from sleeping at all.

## Section 8. Social Life:

- A. My social life is normal and causes me no extra pain.
- B. My social life is normal, but increases the degree of pain.
- C. Pain affects my social life by limiting only my more energetic interests, such as dancing, sports, etc.
- D. Pain has restricted my social life and I do not go out as often.
- E. Pain has restricted my social life to my home.
- F. I have no social life because of pain.

## Section 9. Sexual Activity:

- A. My sexual activity is normal and causes no extra pain.
- B. My sexual activity is normal, but causes some extra pain.
- C. My sexual activity is nearly normal, but it very painful.
- D. My sexual activity is severely restricted by pain.
- E. My sexual activity is nearly absent because of pain.
- F. Pain prevents any sexual activity at all.

## Section 10. Traveling:

- A. I can travel anywhere without extra pain.
- B. I can travel anywhere, but it gives me extra pain.
- C. Pain is bad, but I manage journeys over 2 hours.
- D. Pain restricts me to journeys of less than 1 hour.
- E. Pain restricts me to necessary journeys under 1/2 hour.
- F. Pain prevents traveling except to the doctor/hospital.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Score: \_\_\_\_\_ / \_\_\_\_\_

# How to Score the Whiplash and Oswestry Questionnaires

Each Section contains six possible answers A to F  
Each letter is assigned a number A=0, B=1, C=2, D=3, E=4 and F=5

*\*Only one possible answer per section!*

## How to Score:

- 1) Assign the corresponding number to each letter
- 2) Total the scores from each section
- 3) Multiply the total X 2 = % Disability

- Minimal Disability = 0 - 20%
- Moderate Disability = 21 - 40%
- Severe Disability = 41 - 60%
- Crippling = 61 - 80%
- Confined to Bed/Exaggerated = 81 - 100%

*Please take a moment to review the Questionnaire forms.*

1. **Checklist form** for easy scoring. This has been turned into "Checklist" form, making it easy for clients and patients to answer, and even easier for you to determine the extent of your client's injuries following a motor vehicle collision or personal injury.
2. **Ten major categories:** It may interest you to know that whiplash affects a patient in multiple areas of life, causing much anxiety and discomfort. Most attorneys only focus on one "injury source", usually neck pain. But in fact there are 10 possible areas of activities of daily living that are directly affected from an injury.
  - **1 = Pain Intensity** - This immediately will let you know if your client is experiencing mild, moderate or severe pain right now.
  - **2 = Personal Care** - This question addresses your client's "lifestyle" and how the accident has affected his/her ability to take care of himself/herself, on a daily basis.
  - **3 = Lifting** - One of the most common problems associated with whiplash and back injury is lifting heavy or even lightweight objects.
  - **4 = Reading, 5 = Headache & 6 = Concentration** - These three categories address possible concussion injuries sustained as a result of whiplash.
  - **7 = Work** - The client indicates how his/her pain is affecting job productivity.
  - **8 = Driving, 9 = Sleeping & 10 = Recreation** - These questions provide you with information as to how whiplash pain has affected your client's ability to manage everyday routine tasks and recreational activities.