Oswestry Disability Index 2.0

Could you please complete this questionnaire. It is designed to give us information as to how your back (or leg) trouble has affected your ability to manage in everyday life.

Please answer every section. Mark one box only in each section that most closely describes you today.

Section	1: Pain intensity	
	\square I have no pain at the moment.	
	\square The pain is very mild at the moment.	
	\square The pain is moderate at the moment.	
	\square The pain is fairly severe at the moment.	
	\square The pain is very severe at the moment.	
	\square The pain is the worst imaginable at the moment.	
Section	2: Personal care (washing, dressing, etc.)	
	☐ I can look after myself normally without causing extra pain.	
	☐ I can look after myself normally but it is very painful.	
	☐ It is painful to look after myself and I am slow and careful.	
	☐ I need some help but manage most of my personal care.	
	\square I need help every day in most aspects of self care.	
	\square I do not get dressed, wash with difficulty, and stay in bed.	
Section 3: Lifting		
	☐ I can lift heavy weights without extra pain.	
	☐ I can lift heavy weights but it gives extra pain.	
	☐ Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g., on a table.	
	\square Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.	
	☐ I can lift only very light weights.	
	☐ I cannot lift or carry anything at all.	
Section 4: Walking		
	☐ Pain does not prevent me walking any distance.	

	\square Pain prevents me walking more than 1 mile.	
	\square Pain prevents me walking more than a quarter of a mile.	
	\square Pain prevents me walking more than 100 yards.	
	\square I can only walk using a stick or crutches.	
	$\hfill\square$ I am in bed most of the time and have to crawl to the toilet.	
Section	5: Sitting	
	\square I can sit in any chair as long as I like.	
	☐ I can sit in my favorite chair as long as I like.	
	\square Pain prevents me from sitting for more than 1 hour.	
	$\hfill\square$ Pain prevents me from sitting for more than half an hour.	
	\square Pain prevents me from sitting for more than 10 minutes.	
	\square Pain prevents me from sitting at all.	
Section	6: Standing	
	☐ I can stand as long as I want without extra pain.	
	$\hfill\square$ I can stand as long as I want but it gives me extra pain.	
	\square Pain prevents me from standing for more than 1 hour.	
	$\hfill\square$ Pain prevents me from standing for more than half an hour.	
	$\hfill\square$ Pain prevents me from standing for more than 10 minutes.	
	\square Pain prevents me from standing at all.	
Section 7: Sleeping		
	\square My sleep is never disturbed by pain.	
	\square My sleep is occasionally disturbed by pain.	
	$\hfill\square$ Because of pain I have less than 6 hours' sleep.	
	\square Because of pain I have less than 4 hours' sleep.	
	\square Because of pain I have less than 2 hours' sleep.	
	\square Pain prevents me from sleeping at all.	
Section 8: Sex life (if applicable)		
	\square My sex life is normal and causes no extra pain.	
	☐ My sex life is normal but causes some extra pain.	

	My sex life is nearly normal but is very painful.
	My sex life is severely restricted by pain.
	My sex life is nearly absent because of pain.
	Pain prevents any sex life at all.
Section 9:	Social life
	My social life is normal and causes me no extra pain.
	My social life is normal but increases the degree of pain.
	Pain has no significant effect on my social life apart from limiting my more energetic interests, g., sport, etc.
	Pain has restricted my social life and I do not go out as often.
	Pain has restricted social life to my home.
	I have no social life because of pain.
Section 10): Traveling
	I can travel anywhere without pain.
	I can travel anywhere but it gives extra pain.
	Pain is bad but I manage journeys over 2 hours.
	Pain restricts me to journeys of less than 1 hour.
	Pain restricts me to short necessary journeys under 30 minutes.
	Pain prevents me from traveling except to receive treatment.

Scoring Instructions

For each section of six statements the total score is 5; if the first statement is marked, the score is 0; if the last statement is marked, it is 5. Intervening statements are scored according to rank. If more than one box is marked in each section, take the highest score. If all 10 sections are completed the score is calculated as follows: if 16 (total scored) out of 50 (total possible score) $\times 100 = 32\%$.

If one section is missed (or not applicable) the score is calculated: Example: 16 (total scored)/45 (total possible score) X = 35.5% Therefore, the final score may be summarized as: (total score/(5 X number of questions answered) X = 100. The authors suggest rounding the percentage to a whole number for convenience.

References

Roland, M., & Fairbank, J. (2000, December 15). The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire. *Spine*, *25*(24), 3115-3124.