

OWESTRY DISABILITY INDEX

Patient Name:

Circle in each section only ONE number which applies to you.
Please circle the number which most closely describes your problem.

Date of Birth:

Section 1: Pain Intensity

Score

I have no pain at the moment	0
The pain is very mild at the moment	1
The pain is moderate at the moment	2
The pain is fairly severe at the moment	3
The pain is very severe at the moment	4
The pain is the worst imaginable at the moment	5

Section 2: Personal Care (eg. Washing, dressing)

Score

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

Section 3: Lifting

Score

I can lift heavy weights without extra pain	0
I can lift heavy weights but it gives me extra pain	1
Pain prevents me lifting heavy weights off the floor but I can manage if they are conveniently placed eg. On a table	2
Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned	3
I can only lift very light weights	4
I cannot lift or carry anything	5

Section 4: Walking

Score

Pain does not prevent me walking any distance	0
Pain prevents me from walking more than 2 miles	1
Pain prevents me from walking more than 1 mile	2
Pain prevents me from walking more than 500 feet	3
I can only walk using a stick or crutches	4
I am in bed most of the time	5

Section 5: Sitting

Score

I can sit in any chair as long as I like	0
I can only sit in my favorite chair as long as I like	1
Pain prevents me from sitting more than one hour	2
Pain prevents me from sitting more than 30 minutes	3
Pain prevents me from sitting more than 10 minutes	4
Pain prevents me from sitting at all	5

Turn Page Over

Section 6: Standing	Score
I can stand as long as I want without extra pain	0
I can stand as long as I want but it gives me extra pain	1
Pain prevents me from standing for more than 1 hour	2
Pain prevents me from standing for more than 30 minutes	3
Pain prevents me from standing for more than 10 minutes	4
Pain prevents me from standing at all	5

Section 7: Sleeping	Score
My sleep is never disturbed by pain	0
My sleep is occasionally disturbed by pain	1
Because of pain I have less than 6 hours sleep	2
Because of pain I have less than 4 hours sleep	3
Because of pain I have less than 2 hours sleep	4
Pain prevents me from sleeping at all	5

Section 8: Sex Life (if applicable)	Score
My sex life is normal and causes no extra pain	0
My sex life is normal but causes some extra pain	1
My sex life is nearly normal but is very painful	2
My sex life is severely restricted by pain	3
My sex life is nearly absent because of pain	4
Pain prevents any sex life at all	5

Section 9: Social Life	Score
My social life is normal and give me no extra pain	0
My social life is normal but increases the degree of pain	1
Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sport	2
Pain has restricted my social life and I do not go out as often	3
Pain has restricted my social life to my home	4
I have no social life because of pain	5

Section 10: Traveling	Score
I can travel anywhere without pain	0
I can travel anywhere but it gives me extra pain	1
Pain is bad but I manage journeys over two hours	2
Pain restricts me to journeys of less than one hour	3
Pain restricts me to journeys under 30 minutes	4
Pain prevents me from traveling except to receive treatment	5

Patient Signature_____

Date_____