

ODI version 2.1a Patient Name: _____

This questionnaire is designed to give us information as to how your back (or leg) trouble affects your ability to manage in everyday life.

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

<p>Section 1 - Pain intensity</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have no pain at the moment. <input type="checkbox"/> The pain is very mild at the moment. <input type="checkbox"/> The pain is moderate at the moment. <input type="checkbox"/> The pain is fairly severe at the moment. <input type="checkbox"/> The pain is very severe at the moment. <input type="checkbox"/> The pain is the worst imaginable at the moment. 	<p>Section 2 - Personal care (washing, dressing, etc.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can look after myself normally without causing extra pain. <input type="checkbox"/> I can look after myself normally but it is very painful. <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>Section 3 - Lifting</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can lift heavy weights without extra pain. <input type="checkbox"/> I can lift heavy weights but it gives extra pain. <input type="checkbox"/> Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table. <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 lift only very light weights. <input type="checkbox"/> I cannot lift or carry anything at all. 	<p>Section 4 - Walking</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain does not prevent me walking any distance. <input type="checkbox"/> Pain prevents me walking more than one mile. <input type="checkbox"/> Pain prevents me walking more than a quarter of a mile. <input type="checkbox"/> Pain prevents me walking more than 100 yards. <input type="checkbox"/> I can only walk using a stick or crutches. <input type="checkbox"/> I am in bed most of the time and have to crawl to the toilet.
<p>Section 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"/> I can sit in my favourite chair as long as I like. <input type="checkbox"/> Pain prevents me from sitting for more than 1 hour. <input type="checkbox"/> Pain prevents me from sitting for more than half an hour. <input type="checkbox"/> Pain prevents me from sitting for more than 10 minutes. <input type="checkbox"/> Pain prevents me from sitting at all. 	<p>Section 6 - Standing</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can stand as long as I want without extra pain. <input type="checkbox"/> I can stand as long as I want but it gives me extra pain. <input type="checkbox"/> Pain prevents me from standing for more than 1 hour. <input type="checkbox"/> Pain prevents me from standing for more than half an hour. <input type="checkbox"/> Pain prevents me from standing for more than 10 minutes. <input type="checkbox"/> Pain prevents me from standing at all.
<p>Section 7 - Sleeping</p> <ul style="list-style-type: none"> <input type="checkbox"/> My sleep is never disturbed by pain. <input type="checkbox"/> My sleep is occasionally disturbed by pain. <input type="checkbox"/> Because of pain I have less than 6 hours sleep. <input type="checkbox"/> Because of pain I have less than 4 hours sleep. <input type="checkbox"/> Because of pain I have less than 2 hours sleep. <input type="checkbox"/> Pain prevents me from sleeping at all. 	<p>Section 8 - Sex life (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> My sex life is normal and causes no extra pain. <input type="checkbox"/> My sex life is normal but causes some extra pain. <input type="checkbox"/> My sex life is nearly normal but is very painful. <input type="checkbox"/> My sex life is severely restricted by pain. <input type="checkbox"/> My sex life is nearly absent because of pain. <input type="checkbox"/> Pain prevents any sex life at all.
<p>Section 9 - Social life</p> <ul style="list-style-type: none"> <input type="checkbox"/> My social life is normal and causes me no extra pain. <input type="checkbox"/> My social life is normal but increases the degree of pain. <input type="checkbox"/> Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g. sport, etc. <input type="checkbox"/> Pain has restricted my social life and I do not go out as often. <input type="checkbox"/> Pain has restricted social life to my home. <input type="checkbox"/> I have no social life because of pain. 	<p>Section 10 - Travelling</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can travel anywhere without pain. <input type="checkbox"/> I can travel anywhere but it gives extra pain. <input type="checkbox"/> Pain is bad but I manage journeys over two hours. <input type="checkbox"/> Pain restricts me to journeys of less than one hour. <input type="checkbox"/> Pain restricts me to short necessary journeys under 30 minutes. <input type="checkbox"/> Pain prevents me from travelling except to receive treatment
<p>Result</p>	<p>Your ODI = %</p>