

PATIENT NAME: _____ ID#: _____ DATE: _____

Description: This survey is meant to help us obtain information from our patients regarding their current levels of discomfort and capability. Please circle the answers below that best apply.

1. Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

MODIFIED OSWESTRY DISABILITY SCALE – INITIAL VISIT

1. Pain Intensity

- (0) I can tolerate the pain I have without having to use pain medication.
- (1) The pain is bad, but I can manage without having to take
(2) Pain prevents me from standing more than 1 hour.
- (2) Pain medication provides me with complete relief from pain.
- (3) Pain medication provides me with moderate relief from pain.
- (4) Pain medication provides me with little relief from pain.
- (5) Pain medication has no effect on my pain.

6. Standing

- (0) I can stand as long as I want without increased pain.
- (1) I can stand as long as I want but, it increases my pain. pain medication.
- (3) Pain prevents me from standing more than 1/2 hour.
- (4) Pain prevents me from standing more than 10 minutes.
- (5) Pain prevents me from standing at all.

2. Personal Care (washing, dressing, etc.)

- (0) I can take care of myself normally without causing increased pain.
- (1) I can take care of myself normally, but it increases my pain.
- (2) It is painful to take care of myself, and I am slow and careful.
- (3) I need help, but I am able to manage most of my personal care. every day in most aspects of my care.
- (5) I do not get dressed, wash with difficulty, and stay in bed.

7. Sleeping

- (0) Pain does not prevent me from sleeping well.
- (1) I can sleep well only by using pain medication.
- (2) Even when I take pain medication, I sleep less than 6 hours.
- (3) Even when I take pain medication, I sleep less than 4 hours.
- (4) Even when I take pain medication, I sleep less than 2 hour
- (4) I need help
- (5) Pain prevents me from sleeping at all.

3. Lifting

- (0) I can lift heavy weights without increased pain.
- (1) My social life is normal, but it increases my level of pain.
- (1) I can lift heavy weights, but it causes increased pain. (2) Pain prevents me from participating in more energetic activities (eg. sports, dancing) off the floor, but I can manage if the weights are conveniently positioned (eg, on a table).
- (3) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.

8. Social Life

- (0) My social life is normal and does not increase my pain.
- (1) I can lift heavy weights (2) Pain prevents me from lifting heavy weights
- (3) Pain prevents me from going out very often.
- (4) Pain has restricted my social life to my home.
- (5) I have hardly any social life because of my pain.

4. Walking

- (0) I can lift only very light weights. 9. Traveling
- (0) I cannot lift or carry anything at all. (0) I can travel anywhere without increased pain.
- (1) I can travel anywhere, but it increases my pain.
- (2) My pain restricts my travel over 2 hours.
- (0) Pain does not prevent me from walking any distance. (3) My pain restricts my travel over 1 hour.
- (1) Pain prevents me from walking more than 1 mile. (4) My pain restricts my travel to short necessary journeys z(2) Pain prevents me from walking more than 1/2 mile. journeys under 1/2 hour.
- (3) Pain prevents me from walking more than 1/4 mile. (5) My pain prevents all travel except for visits to the physician/therapist or hospital.
- (4) I can only walk with crutches or a cane.
- (5) I am in bed most of the time and have to crawl to the toilet.

5. Sitting

- (0) My normal homemaking/job activities do not cause pain.
- (0) I can sit in any chair as long as I like. (1) My normal homemaking/job activities increase my pain, but I can still perform all that is required of me. (1) I can only sit in my favorite chair as long as I like.
- (2) Pain prevents me from sitting more than 1 hour. (2) I can perform most of my homemaking/job duties, but (3) Pain prevents me from sitting more than 1/2 hour. pain prevents me from performing more physically
- (4) Pain prevents me from sitting more than 10 minutes. stressful activities (eg, lifting, vacuuming).
- (5) Pain prevents me from sitting at all. (3) Pain prevents me from doing anything but light duties.
- (4) Pain prevents me from doing even light duties.
- (5) Pain prevents me from performing any job or homemaking chores.

10. Employment / Homemaking

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<p>Comorbidities: <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Multiple Treatment Areas</p>	<p><input type="checkbox"/> Neurological Disorders (e.g., Parkinson's, Muscular Dystrophy, Huntington's, CVA, Alzheimer's, TBI)</p> <p><input type="checkbox"/> Obesity</p> <p><input type="checkbox"/> Surgery for this Problem</p> <p><input type="checkbox"/> Systemic Disorders (e.g., Lupus, Rheumatoid Arthritis, Fibromyalgia)</p>	<p>ICD9 Code:</p> <p>_____</p>
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